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THE
HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

"IF OUR SCHOOL EVER GIVES UP THE STRICT INDUCTIVE METHOD OF HAHNE-
MANN, WE ARE LOST, AND DESERVE ONLY TO BE MENTIONED AS A CARI-
CATURE IN THE HISTORY OF MEDICINE."—*Constantine Hering.*

EDITED AND PUBLISHED BY
WALTER M. JAMES, M. D.

VOL. XV

JUL 15 1899

PHILADELPHIA, PA.:
1231 LOCUST STREET.

1895.

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THE HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

Vol. XV.

JANUARY, 1895.

No. 1.

EDITORIAL.

VACCINATION.—The fear of a renewed invasion of small-pox during the present winter has once more aroused the frenzy for vaccination. Boards of Health are urging the people to be vaccinated, and they are enforcing it relentlessly in the public schools and among the police and firemen of the great cities. Especially is this true of Philadelphia. The city is divided into regular sections or districts, over each one of which is appointed a special vaccine physician, who makes the rounds of the schools in his own district vaccinating the pupils.

Of course, much damage is, in consequence, being done to children, and there seems to be no means of stopping the evil.

This journal has from time to time published authentic cases of death from vaccination. Many more must occur which are not heard of by the editor. In his own practice the editor has witnessed the death of a little girl eleven years old indirectly due to vaccination.

Another child was vaccinated by the regular vaccine physician, and the resulting ulceration was simply appalling. It had none of the characteristics of a vaccine pustule, yet it was pronounced by the vaccine doctor to have "taken" very well. It took months to cure this ulceration. Still another child has

been afflicted with inflammation of the knee, with consequent deformity, brought about by vaccination.

Aside from any inherent evils of vaccination in itself, much of its danger arises from its glaring perversions by unscrupulous practitioners. Notwithstanding the disastrous results known to occur from arm-to-arm vaccination, there are many physicians who continue to practice it. Many still employ the scab, kept, possibly, for a couple of years before they have occasion to use it.

So-called vaccine virus is collected from cows that are not affected by the vaccine fever at all, but are under the influence of an inoculation with small-pox from the human subject. The resulting pustule, having a resemblance to the true vaccine, is assumed to be the true article by the speculative and arrogant intellects of the people who dare to engage in such infamous practice.

Under such circumstances all manner of filth is put into the circulation of the deluded victims who submit to the operation, and then the resulting ulceration is called vaccination without scruple.

It will thus be seen that the stipulation made by some anti-vaccinationists, that if vaccination must be performed only virus direct from the cow shall be used, falls short of accomplishing the good results intended.

If, as is so strenuously maintained, tuberculosis is highly contagious, why is not tuberculosis largely increased in the human being by his being vaccinated through infected virus taken from tuberculous cattle?

It would seem, from these and other considerations not touched upon in this article, that the whole practice of vaccination should be abolished.

Beneficial effects of vaccination are, of course, witnessed here and there, but the contradiction of testimony in these cases has been reconciled by the explanation given by Dr. Stuart Close in his able article entitled "Truth and Error in Vaccination," published in THE HOMŒOPATHIC PHYSICIAN for November, 1892, page 468.

The favorable results in a few cases where the vaccine was successful because, as Dr. Close shows, it was homœopathic to the case, secure for the practice a reputation which brings to it a host of victims just the same as a quack medicine gets an immense sale through the reputation of a few accidental cures.

Therefore the whole practice of vaccination should be abolished and the laws concerning it repealed.

THE FIRST PRESCRIPTION ;

OR, THE ESSENTIAL FACTORS TO BE CONSIDERED IN MAKING
A HOMŒOPATHIC PRESCRIPTION.*

OLIN M. DRAKE, M. D., BOSTON, MASS.

Gentlemen of the Bœnninghausen Club :—First allow me to thank you for your flattering invitation to write upon so difficult and important a subject as the above. The treatment of this subject is, I fear, beyond my limited abilities. However, I shall attempt to realize some of your expectations.

But before entering into the analytical study I have undertaken I wish to proclaim my medical creed, which, I believe, is similar to yours. I accept all of Hahnemann's doctrines, without any reserve whatever. I recognize that there is but one universal law of cure, and that is the similar ; that all diseases are due to potential and dynamic alteration of health ; that all medicines produce physiological and dynamic effects identical with the manifestation of disease ; and, finally, that the successful application of this divine law of cure depends entirely upon the similarity between the medicinal and natural diseases.

In all systems of science or medicine certain rules must be followed, in order to establish the reliability or unreliability of its principles. The rule laid down by the founder of Homœopathy, will bear the crucial test, as we all know. While the guiding principles formulated by our master are ever the same, yet their application varies according to the symptoms of each patient, and hence the difficulties in their practical enforcement. But when they are fully understood and faithfully applied, grand

* Read before the Bœnninghausen Club, December 12th, 1894.

and brilliant results are inevitably secured, demonstrating perfectly the truth of the law of similars.

Before beginning my comments upon these remarkable doctrines it will be better to say a few words about Hahnemann's classification of diseases. He divides diseases into acute and chronic. The acute originate from defective hygiene, moral and mental, telluric or meteoric influences, but they may also be due to a recrudescence of a latent psora; while the chronic arise from three miasms: psoric, syphilitic, and sycotic (*Organon*, pars. 73, 74). Hahnemann does not classify among the chronic diseases patients who suffer from living under baleful or unhygienic influences, or are guilty of excesses, or undergo privations, or are exposed to trying mental conditions, providing no chronic miasm exists (*Organon*, par. 77); but he considers as belonging to that category the many victims of prolonged allopathic heroic medication (*Organon*, par. 75).

The above classification shows the great importance Hahnemann attached to our discovering the provoking cause of every case of disease investigated. He urges us, besides, to collect all and every detail relating to the case, and afterward to consider the *ensemble* of the symptoms. His directions in relation to the examination of the patient (*Organon*, pars. 83 to 104) have never been equaled before or since his day, and stamps him as a nosologist without a peer. Undoubtedly, Hahnemann's method of collecting all the symptoms, with their distinctive features, including the conditions which aggravate and ameliorate, with the accessories, etc., is the only true one upon which to found a diagnosis, as well as to recognize the actual morbid peculiarities of the individual. *Ætiology* and *symptomatology* are thus the main reliance of the homœopathician. With Hahnemann the diagnosis of a case was an object and not an end—simply a means to secure a satisfactory therapeutical solution. And, as he so ably points out, the symptoms presented by the patient are but the outward reflection of some peculiar internal modification in the functions of the body or diseased organs.

Hahnemann formulates three rules relative to prescribing:

The proper taking of the case ; the selection of the simillimum ; and the dose and its repetition. It is my intention this evening to treat of the second rule only, although, with your permission, I shall say a word or two about "the taking of the case." In the estimation of some prescribers this is supposed to be an easy matter ; but, gentlemen, although I have been practicing Homœopathy for twenty-five years, I must frankly confess that I often find it very laborious and not seldom perplexing. Dr. Carroll Dunham says in his *Lectures on Materia Medica* (Vol. II, p. 42): "It is the most difficult part of our duty." And Dr. P. P. Wells tells us in his work on *Intermittent Fever*: "It took me thirty years to learn how to examine a case for prescription." Now, when such generally acknowledged able physicians speak thus on this subject, it stands to reason that I, of inferior mould and skill, should frequently find it puzzling. And does not Hahnemann tell us in his *Organon* (par. 104) that when we have taken the case accurately "the most difficult part (of our work) is accomplished"?

The treatment of acute diseases is often, comparatively speaking, easy, for the symptoms develop rapidly and are generally more accentuated, and, besides being recent, are fresh in the minds of patient and attendants. We thus more easily get at the true picture of the disease. In the case of chronic affections, however, perhaps of many years' standing, the task is much more difficult ; many more things have to be looked into and considered, as we shall see later on, apart from the fact that the patient may have forgotten many of his symptoms. In summing up the value of symptoms, with the view of prescribing, some of them, among the fundamental and the secondary (individual), are of greater value in the selection of the remedy than others. Generally, the symptoms which, from a diagnostic point of view, are essential, are of little account from a therapeutical, and *vice versa*. In other words, the accessory or secondary symptoms, which are of no consequence to the pathologist, are often the main dependence of the seeker after the simillimum. Diagnostic or pathological symptoms are common to all cases of the same affection, but that which individualizes each case forms

the true indication for the appropriate remedy. The striking and characteristic symptoms of the disease must be as similar as possible to the striking and characteristic of the medicine; and if the secondary symptoms also correspond to those of the drug, so much more reliable is the choice. Hahnemann says: "We ought to be particularly and almost exclusively attentive to the symptoms that are striking, singular, extraordinary, and peculiar (characteristic); for it is to these latter that similar symptoms, from among those created by the medicine, ought to correspond, in order to constitute it the remedy most suitable to the case. On the other hand, the more vague and general symptoms, such as loss of appetite, headache, weakness, disturbed sleep, uncomfortableness, etc., merit little attention, because almost all diseases and medicines produce something of such general nature." (*Organon*, par. 153.)

To illustrate the value of these directions of Hahnemann, let me submit to you a case which, from this particular point of view, must interest you all: In October, 1876, there came under my care a hard-working man of fifty-five years. The preceding Fourth of July, while working in the hot sun, bare-headed, he received a sunstroke. In a semi-conscious condition he was conveyed to his home, and received there the attention of an allopathic physician up to the time of my first visit. I am unable to give you his symptoms, for I cannot find my record-book of that year; but I remember that he was a wreck, mentally and physically. His condition was such that I could give his family no special encouragement, but I was, nevertheless, extremely anxious to help him, and assumed charge of his case. According to the totality of his symptoms, *Lycopodium* was the remedy indicated, and, after careful study, I decided to prescribe it in the 200th (Dunham). For a number of weeks its action was most satisfactory. The patient presently was able to go about among his neighbors, but was, however, unfit for physical work. I studied and studied his symptoms, and yet I could not find a better indicated remedy than *Lycopodium*. I gave it very high, and I gave it very low, but there was no favorable response. Sulphur²⁰⁰ was next given, and then *Lycopodium* was again

tried; still there was no reaction. Knowing full well that the difficulty was not with Homœopathy, but with my own ignorance, I had that man come to my office several times, and I would note down his symptoms anew each time, as though it were the first consultation. And yet I could make nothing out of the *ensemble* of the symptoms but *Lycopodium*. One day, while questioning the patient, I noticed that he repeatedly passed his hand downward from the forehead over the nose, as if to brush something off. I asked him why he did this, and he smilingly answered that for a long time he had had a feeling over the bridge of his nose, as though a horse-hair was drawn tightly across it, and every little while he found himself trying to remove it. He also told me that occasionally he had the sensation of having on spectacles with bows pressing unpleasantly upon the back of the ears. This feeling he was also unable to brush away. These indications led me to the study of *Tartar-emetic*—a remedy ranking very low in summing up the totality of the symptoms; but it had in its pathogenesis the more marked and peculiar symptoms, and several others. I gave it in the 200th (Dunham), and within twenty-one days my patient was perfectly well and able to return to his work again.

Can any of you gentlemen tell me the significance, from a pathological point of view, of this particular “striking, peculiar and uncommon (characteristic) sign and symptom”? and yet, as we all know, it is often just such symptoms, trivial as they may seem, which guide the homœopathician to the true curative remedy.

I am tempted to give you another case. In 1871, I was consulted for one of the worst cases of chlorosis that I have ever treated. A girl of sixteen, living in Charlestown, Mass., was for three years under the care of two noted allopathic physicians of this city, but steadily growing worse from day to day. At this stage of her illness her parents removed her to her former home, in Maine, and then the patient came under my care. On account of lack of space, I shall mention only her most marked symptoms, which I considered the key-notes. She had a mania for eating pins and needles; she would spend much of

her time in playing with and rolling them in her hands or fingers, forming fantastic figures with them, by sticking them into some fabric, etc., and, finally, she took to swallowing them. When I tell you, gentlemen, that this girl swallowed hundreds of pins and needles, I do not exaggerate. She knew well that she ought not to make a diet of such food, but if she saw a pin or needle on the floor, she would stand as rigid as a marble statue with her hands clasped behind her back and begin exclaiming, "Pin, pin," or "Needle, needle." If some member of the family did not "hustle about pretty lively" and seize that pin or needle, she would swoop down upon it, like a shanghai fowl on a bug. In looking for medicines having in their pathogeneses symptoms pertaining to pins and needles, I found in the old work of Jahr's and Possart's *New Manual*, under Silicea, "fixed ideas about pins," and in Jahr's *Mental Diseases*, "Monomaniacal ideas about pins, which she sees everywhere and dreads." The similarity between this and my patient's mental condition seemed somewhat vague, but Silicea appeared well indicated otherwise, and as the mental symptoms were the last to appear, I gave Silicea²⁰⁰ (Dunham). The improvement was not one marked for its rapidity, but was gradual. The fondness for pins and needles was the first symptom to disappear, and the others followed in the inverse order of their appearance. Six months later my patient was well, and is well to-day. She is now the mother of three children.

Of almost as great importance as the extraordinary and peculiar symptoms in deciding the choice of a remedy are the more recent evolutions of symptoms of disease. These later symptoms must be considered or the simillimum will escape the prescriber. This Hahnemann dwells upon frequently in his writings, and in practice all homœopathicians daily realize its supreme value. To my knowledge of this fact I am indebted for the performance of cures which otherwise could not have been accomplished.

The complicated and confusing picture offered by a patient who has been using drugs is often a difficulty in the way of

accurate prescribing, rendering successful treatment very difficult and not seldom impossible. We must, under such conditions, ascertain which were the symptoms present before any medicine was taken, and which followed its use. The former and the symptoms that appear several days after the discontinuance of the medicine, give the true and original picture of the case (*Organon*, par. 91), and should be the main factors in deciding upon the remedy. Many of us, when called upon to prescribe for a patient who has taken many drugs, are in the habit of giving *Nuxvomica* as the first prescription. Now, is this Homœopathy? We all can recall cases in which this remedy has worked marvels, and as I write I am reminded of one which I will relate.

I was requested, some time in 1871, to visit a man of about forty-five years, who had been ill for some fifteen months. Three physicians, two allopathic and one eclectic, had stated that he was suffering from cancer of the stomach. Of course, he had been given up as incurable. I can see him at this moment, seated upon the side of his bed, supported by his wife on one side and his daughter on the other; between his feet was a wooden bucket, into which he had vomited some two quarts of a very brownish or almost black fluid, with slime and particles of food taken the night before. His skin was extremely dry and rough, of a marked yellowish hue; his bowels had been in a torpid state for months, and his urine very scanty. As to his physical appearance, he was what I would call *skeletonized*. I never saw anything like it before or since. If you placed him upon his back in bed his spinal column formed a ridge up the abdomen; in fact, he was so thin that, for the life of him he could not tell whether his pain was in his back or belly. This emaciation was general, save his feet and ankles, which were œdematous. In the epigastrium was a tumor the size of an egg, which could be easily taken between the fingers, having a hard, nodular feel, and seemed to be situated about the middle of the greater curvature of the stomach. He had been in good health all his life previously, with the exception of salt rheum. This had been a source of much suffering to him until about two

years before, when it was removed by an ointment. Shortly afterward he became ill, and then began a most severe course of drugging. Without giving his symptoms special study, I left him *Nux-vomica*²⁰⁰ (Dunham), which he took for forty-eight hours, at intervals of two hours. On the occasion of my next visit I found him so much better that I discontinued the remedy. Two days later I found him still improving, no vomiting, sleep better, no distress at the stomach, and the bowels had moved, without aid, for the first time for months. He was now, however, complaining of a tremendous itching all over him, without any eruption—a pruritus. I continued the *Sac-lac*. In a few days he was “a sight to behold;” he reminded me of a case of confluent small-pox, though there were no pustules, but he was literally covered with a moist, eczematous eruption, and the itching and burning were dreadful. The man actually wept when I would not allow him to use any external application. To make a long story short, the patient began to improve soon after. The *Nux* was allowed to act for six or seven weeks longer, when I repeated it in the 50 M (Fincke), one dose. Some time later my patient had an attack of piles, for which I prescribed Sulphur²⁰⁰ (Dunham), and this was the last medicine he required. His recovery was complete. I saw him thirteen months ago. He told me that he had never been ill since, and was then weighing about two hundred pounds.

Hering tells us: “If our patient has been drugged by the old school, we must direct our antidotes principally against the last given drugs. For instance, against abuse of Alcohol or aromatics, *Nux-vomica*; against Tea, *Pulsatilla* or *Thuja*; against Quinine, *Pulsatilla*, etc.; against Iodine and Iodide of Potassium, *Hepar*; against blistering, *Camphor*; against cauterizing with Nitrate of Silver, *Natrum-mur.*; against bleeding, purging or losses of blood, *China*; against mechanical injuries, by stretching, *Rhus*; by bruising, *Arnica*, etc.; against Chloroform, *Hyoseyamus*, etc.”

Lippe also says in his *Materia Medica*, that *Nux-vomica* is often suitable to begin the treatment of cases after drugging; and Raue advises it also. I acknowledge the high sources from

which such advice comes ; but is it Hahnemannian Homœopathy for us to indiscriminately give Nux-vomica after drugging, Pulsatilla after Quinine, etc.? I think not. In relation to this matter Hahnemann pointedly says (*Organon*, par. 91): "The symptoms which appear, and the sensations of the patient during the use of medicines, or shortly after, do not furnish a true image of the disease;" and, "when the disease is of a chronic nature, and the patient has already made use of remedies, he may be allowed to remain some days without giving him any medicine;" but, advises us (*Organon*, par. 92), "when an acute disease is to be treated, so dangerous in its nature as not to admit of delay, and the physician can learn nothing of the symptoms that manifested themselves previous to the remedies, then he (the physician) is to view the whole of the existing symptoms—including in one and the same image the primitive disease and the medicinal affection conjointly," and then choose the simillimum from the *ensemble* of the symptoms. I believe that Hahnemann's advice in the long run will prove more satisfactory, as a strict adherence to all his rules inevitably does. Hahnemann gives further instructions on this topic in his *Chronic Diseases*, pp. 145 to 148.

This subject has been recently discussed by several members of our school. They contend that the drugs which have been administered too freely to the patient should be corrected by the administration of the same remedy, in a high potency. We are promised an article from the pen of an esteemed friend and colleague, E. W. Sawyer, M. D., of Chicago, on this subject, setting forth his theory and experiences ; and I am interestedly looking forward to its appearance. My views may be changed by this paper, but I have my doubts about it at present.

When we suspect the existence of chronic miasms, we must study the symptoms with the greatest care. We must endeavor to discover which miasm exists, and make sure whether two or more do not prevail (*Organon*, par. 206). The keenest judgment is necessary in all our examinations, but more especially in the case of specific diseases, for some patients will conceal the very facts we must know. When we have discovered the particular

miasm under investigation, we must next ascertain what treatment he has received (*Organon*, par. 207). If any medicine has altered the course of the disease, or added symptoms of its own to the case, we must know it, so as to resort to the proper antidote (*Organon*, par. 207). In the *Chronic Diseases*, Vol. I, p. 113, Hahnemann directs, in relation to this subject: "First we annihilate the psoric miasm by the subsequently indicated antipsories; then we use the remedies indicated for sycosis, and lastly, those for syphilis. These different orders of remedies are alternately employed, if necessary, until the cure is completed." Once all the facts bearing upon the case in our possession, we then begin the study of the *ensemble* of the symptoms, endeavoring to recognize the particular symptoms that individualize that particular case. The apparent contradictory statements in the *Organon*, par. 18, where we are told by Hahnemann that we must take the totality of the symptoms, and paragraph 153, wherein we are instructed to single out the characteristic indications, puzzled me in my earlier years of practice, as I know it has many of my colleagues. I have, however, since seen my mistake. To any one who will reflect seriously over the matter, there is actually no contradiction in these two paragraphs. Hahnemann taught us to weigh carefully every symptom with its conditions, accessories, etc., for these are our only and true guides in searching for the appropriate remedy; but all symptoms are not of equal value, as has been already stated. Some symptoms are characteristic and determining, while others are general and belong to many medicines. Thus it will be seen that Hahnemann did not content himself with treating simply a series of symptoms, without any further thought, as his detractors charge him with. There is no other way of finding the curative remedy than by the study of the entire group of symptoms, with the qualifications just referred to. This method Hahnemann has repeatedly promulgated in his writings and in his advice to his pupils, and it forms in truth at once the great difficulty and the great strength of homœopathic therapeutics. The secret and the difficulty of the Hahnemannian method thus consists in knowing how to individualize a morbid

state, and laying particular stress upon the guiding symptoms.

This matter of the relative value of symptoms is one of the greatest moment, and the skill of the homœopathician in differentiating between the essential and non-essential symptoms, makes the successful or unsuccessful practitioner. To put it differently, the physicians who generalize fail, while those who individualize succeed. Both pathological and pathogenetic knowledge are necessary to enable one to make the right selection of the remedy.

Before dismissing entirely the supposed inconsistency of Hahnemann, above referred to, let me say to those who wish for further enlightenment on this topic, to peruse the following very clever articles: HOMŒOPATHIC PHYSICIAN, Vol. I, p. 15; *Trans. of the I. H. A.* for 1888, p. 65, and *The Organon*, Vol. III, p. 435.

In some instances, as in the so-called one-sided diseases, we may be unable to find a remedy which will cover the totality of the symptoms of the disease, owing to the imperfect proving of some of the remedies in use, or to the fact that the required remedy has not been incorporated in our *materia medica*. We are then taught to select the remedy that most clearly resembles the symptoms present (*Organon*, par. 162). From the use of such a remedy we must only expect a partially curative effect, and often during its administration, or following it, symptoms will appear that were not present before. These Hahnemann calls accessory symptoms, and are the 'outcome of the employment of a similar instead of a simillimum. Their appearance are of no detriment to the patient (*Organon*, par. 164). The remedy administered will have this further effect, if properly chosen, of removing some of the morbid symptoms—those similar to it. And this constitutes the first step in the direction of a cure (*Organon*, par. 163). But, on the other hand, if among the symptoms of the remedy given, not one bears a perfect resemblance to the salient and characteristic symptoms of the disease, we cannot expect from it immediate beneficial results (*Organon*, par. 165). Fortunately for us and

our patients, such cases are rare, says Hahnemann. The closest similar will cause an alleviation in the original symptoms, and besides, subsequently, new and more characteristic ones will likely appear, which will facilitate our next selection (*Organon*, par. 166).

If the accessory symptoms caused by the remedy (*Organon*, par. 163) are of any gravity, we do not allow the effect of the remedy to exhaust itself; we re-examine the patient and prescribe upon the new picture of the disease (*Organon*, par. 167), upon what Bœnninghausen calls the new "symptom-complex." The simillimum is now found more easily from among the better known and analogous remedies. If the new remedy then selected should not be sufficient to completely cure, we examine the remaining symptoms of the patient and select the remedy which is most appropriate to the new image found. We must continue this process until our patient is completely restored to health (*Organon*, par. 168). I am inclined to believe that this is what the late lamented Dr. Ad. Lippe meant when he said that there were cases where it seemed impossible to find the simillimum, and then we had to "zigzag" our patient back into health.

Again, it not unfrequently occurs, that two related medicines are about equally indicated—the one homœopathic to one part of the disease and the second to another. This is often due, of course, to the poverty of our materia medica. It is then by no means allowable, after using one remedy, to take the second without making a new examination, because the medicine originally under investigation may not, under the actual conditions, be proper for the remaining symptoms. In that event, a new simillimum must be selected, based upon the changed state (*Organon*, par. 169). If, however, after the re-examination of the existing symptoms—without reference to the second medicine in our first study, it should still prove to be the most homœopathic, it should certainly be given (*Organon*, par. 170).

In non-venereal chronic diseases, of psoric origin, consequently, we are often obliged to employ several remedies, one after the other. Of course each must be chosen homœopathically to the group of symptoms still existing, after the preceding remedy has

exhausted its action (*Organon*, par. 171). Related remedies must be selected in preference to others; this is a matter of no little importance and should not be overlooked.

The fewness of symptoms in affections classified as partial, on account of the limited number of striking symptoms, often render their treatment uncertain and difficult. It is only chronic diseases which offer this feature or difficulty (*Organon*, pars. 172, 173). The only manifestation or evidence of disease in these states is, perhaps, either an internal malady, such as headache, obstinate diarrhoea, or chronic cardialgia, etc., of long duration, or an external lesion. If due to the latter, they are called local diseases (*Organon*, par. 174). In the partial diseases of an internal origin, Hahnemann reminds us that the paucity of symptoms obtained may often be owing to the physician himself, who is inattentive or not observant enough to find more (*Organon*, par. 175). There are, however, some few diseases which offer but one or two marked symptoms, the others being barely noticeable (*Organon*, par. 176). When this does occur, which is seldom, we begin the treatment by selecting a remedy which covers those few symptoms (*Organon*, par. 177). If the carefully selected remedy should then happen to be similar to the latent symptoms, as well as the outward, visible ones, as is often the case, a cure must follow, since the strictly homœopathic remedy has been secured. It is more likely, however, that the medicine chosen is but partially the simillimum, since we had so few symptoms upon which to base a prescription (*Organon*, par. 179). Under such circumstances we may expect to see arise accessory, analogous symptoms, as in the case when the choice was imperfect (*Organon*, par. 162). These symptoms may not only belong to the remedy itself, but they may, in truth, have been already present, without the patient being aware of their existence. The medicine which has the inherent power of causing them, simply determined their appearance, or removed them, if already present, but unnoticed. For this reason these symptoms have to be considered as a part of the picture of the case. It must be remembered, too, that they may be due to dietetic errors, excitement, interference with menstrual functions,

pregnancy, etc. (*Organon*, par. 181). When these symptoms have abated, should the partial symptoms be improved we know all is well with our patient ; if not, a new remedy must be sought for.

Should the violence of these recently developed symptoms necessitate immediate interference, which must be seldom, owing to our minute doses, more particularly in chronic diseases, it is necessary, when the first remedy has not been followed by satisfactory results, to draw another picture of the disease, upon which to select a second, more suitable medicine. This selection will be the easier, that the number of symptoms is larger and more complete (*Organon*, par. 183). Occasionally, owing to the torpor of the nervous system, the patient may not clearly perceive, or be able to define his symptoms, although he feels very ill, then Opium (high) will remove this state, and the symptoms of the disease will appear more clearly. After the complete action of our second prescription, we note the remaining symptoms, and the picture obtained forms the guide for a third. This process is maintained until a cure is effected (*Organon*, par. 184).

The changes and sufferings, appearing on the external parts of the body, have been absurdly attributed to local causes, the general system supposedly not participating in the trouble (*Organon*, par. 185). Recent lesions, arising entirely from external injuries, are the only ones which appear to deserve this appellation. The lesion must then be quite slight, or otherwise the entire system would sympathize and fever set in, when dynamic treatment would be called for. "The reduction of dislocations, uniting wounds, extracting foreign substances that have penetrated the living parts ; opening the cavity of the abdomen, either to remove a substance that is burdensome to the system, or to give vent to effusions and collections of liquids ; placing in apposition the extremities of a fractured bone, and consolidation of the fracture by means of an appropriate bandage," etc., truly belong to the domain of surgery ; but even then homœopathic remedies are required to aid the cure (*Organon*, par. 186).

In so-called partial diseases, not induced by physical or chem-

ical means, or perhaps from slight external violence, the trouble undoubtedly originates internally. It would be foolish, as well as hazardous, to treat this condition as entirely local, as is the case with the old school (*Organon*, par. 187). The treatment should be directed to the cure of the disturbed vital forces; in fact, by remedies which are capable of inducing the phenomena of a general reaction in the diseased sphere. This is the only rational, safe, and radical method, fully established by repeated experiences (*Organon*, pars. 188, 189, and 190); and, simultaneously, the local and general state will disappear. And remember this happens without the aid of external applications (*Organon*, par. 191). In seeking for the simillimum here, the local as well as the general symptoms have to be considered (*Organon*, par. 192). The above remarks apply to acute local inflammation, erysipelas, leucorrhœal and gonorrhœal discharges, etc.; but if these troubles continue, after the use of the ordinary non-psoric remedies, psora is present and has to be combatted by its natural antidotes (*Organon*, par. 194). In fine, all local treatment in so-called local diseases should be totally rejected, and more particularly so if there exist any psoric, syphilitic, or sycotic miasms.

The simultaneous use of a remedy, internally and externally, in diseases whose principal symptom is a fixed local evil, offers this further objection, and a graver one, that the external trouble will disappear sooner than the internal, and cause the physician to believe that a cure has been effected, whereas it makes it more difficult and sometimes even impossible. The suppression of the local symptoms will obscure the morbid picture, and thus confuse the physician in the selection of the necessary remedy to the complete restoration of health. The principal symptoms, the local condition having disappeared, there remains only less constant and distinctive symptoms which are hardly characteristic enough to supply a clear and accurate state of the disease (*Organon*, par. 198). Its presence would also have indicated the time necessary for the complete annihilation of the disease, and its absence must necessarily prove a great drawback to the discovery of the suitable remedy (*Organon*, par. 199).

If, after the administration of the apparently appropriate remedy, the local state persisted, it would indicate that the cure was not complete; while, on the other hand, its disappearance under such conditions would conclusively establish that the disease had been thoroughly eradicated (*Organon*, par. 200).

The local malady is always a part of the general disease; in this way the vital power relieves itself, but the internal difficulty persists; in fact, gradually, in its further attempts to throw off the internal incubus, the external manifestations spread and become aggravated. In this way, we see old ulcers extend in surface, and chancres likewise, and continue to extend until the internal miasm has been corrected and removed by medicines (*Organon*, par. 201).

Any external treatment of a local symptom, whose aim is to cause its disappearance, will thus inevitably be fraught with evil consequences to the system, giving fresh impetus to the internal trouble, which had been meanwhile dormant. It is further, the source of numberless chronic affections (*Organon*, pars. 202 and 203), as we all but too well have reason to know.

As has been stated in the early part of this monograph, all chronic diseases not the outcome of defective hygienic surroundings or abuse of powerful drugs, are due to three miasms, syphilis, sycosis, and more particularly, psora. The symptoms pertaining to psora and syphilis are very ably presented by Hahnemann, but as there was comparatively little known about sycosis during his time, he touches only lightly upon this miasm. He reminds us, not to expect to find in a single patient more than a limited number of the symptoms belonging to the miasm under examination. For this reason, he advises us to complete the picture of the case, to seek for the symptoms which previously existed, and also to look into the hereditary history, including the diseases of the parents, and even grandparents. In this connection it may be well, also, to remember that the miasms of syphilis and sycosis will inevitably arouse and develop any pre-existing taint. Thus, ultimately, there may be present a combined group of the different miasms, psora, with syphilis or sycosis, and even all three together, not

only defying any classification, but also greatly puzzling the medical attendant. In the event of there being present but one miasm, the knowledge that each miasm preferentially elects domicile in certain organs and tissues rather than others, assists in the diagnosis.

I believe that it cannot be gainsaid that the chronic miasms have a period of incubation within the system, previous to the appearance of the local symptoms, and all homœopaths are aware that if their local manifestations are suppressed, evidences of syphilis, sycosis, or psora must appear, sooner or later (*Organon*, par. 204). The primitive symptoms of all chronic miasms, or their secondary manifestations, for that matter, should never be treated topically, whether dynamically or mechanically. If patients did not so frequently resort to old-school measures for the removal of their local symptoms, members of our school would not have such a large class of victims requiring treatment for secondary and tertiary symptoms (*Organon*, par. 205).

Tradition and practice establish that two natural diseases which are similar or analogous in character cannot exist at the same time in the human economy without one, the weaker, being overcome and destroyed. As Hahnemann says, "Two dissimilar diseases may co-exist in the body, because their dissimilitude would allow of their occupying two distinct regions. But (in the case of similars) the stronger disease which makes its appearance exercises an influence upon the same parts as the old one, and even throws itself in preference upon those which have till now been attacked by the latter, so that the old disease, finding no other organ to act upon, is necessarily extinguished" (*Organon*, par. 45).

The experiments of Burnett with *Bacillinum* in phthisis and ringworm, those of Swan in the treatment of varied diseases, with their several morbid products, the successful administration of *Psorinum* in some cases of psora, the power of *Pyrogen* in controlling some of the phases of septicæmia, the good effects of *Medorrhinum* in some forms of sycosis, the multitude of chronic diseases which have disappeared after the patient had

contracted small-pox, scarlet fever, measles, etc., etc., are all instances in point and in support of this theory. It is not impossible that we are on the threshold of marvelous developments of this method, but the homœopathician cannot go far astray who remembers the golden rule that the curative effects of medicines in disease depend upon their similarity.

The new fads of the physico-chemical school—Isopathy—notably Pasteur's rabies remedy, Koch's Tuberculin, Roux's Anti-toxine will result in incalculable mischief and misery to thousands; but Hahnemann's dynamic theory may yet dawn upon these benighted gentlemen, when a new era may arise, fruitful of much and lasting benefit to the whole human race.

Our master attached great importance to the mental symptoms, for as we have all often conclusively established in practice, they decide the choice of the remedy (*Organon*, par. 211). No thorough homœopathic cure is possible, without simultaneously considering the mental condition as well as the bodily ills (*Organon*, par. 213).

You have all noted what keen and accurate remarks are embodied in Hahnemann's observations on this subject. He tells us, "Aconite seldom or never effects a rapid or permanent cure when the temper of the patient is quiet and even; or Nuxvomica, when the disposition is mild and phlegmatic; or Pulsatilla, when it is lively, serene, or obstinate; or Ignatia, when the mind is unchangeable and little susceptible of either fear or grief."

When, in the course of disease, the ordinary calm and tranquil condition of the patient's mind is suddenly changed, under the influence of fear, sorrow, alcoholic liquors, etc., into madness or violence, thus taking on the character of an acute malady, we must resort to the non-antipsoric remedies, even if we know an internal psora is the cause (*Organon*, par. 221). Medicines of that class will lull back the patient to his former condition, when anti-psoric remedies must be used (*Organon*, par. 222), including moral and intellectual means, suitable to the nature of the case, and the best hygienic, moral, and mental regimen (*Organon*, pars. 223 and 230). In certain forms of

mental aberrations, the result of perverse education or excessive indulgence of the passions, different methods may have to be put in force.

Hahnemann's advice as to the general course to be pursued in the case of demented people is characterized by a wisdom and humanity never known before his day, and only recently recognized and put in force by alienists of the old school. This alone would entitle him to the gratitude of the whole world.

Intermittent diseases, returning at fixed periods, and also those which, in certain morbid states, alternate with others of an opposite character, and at indefinite intervals (alternate species), belong to the series of chronic diseases. Most of them result from a development of psora, and occasionally, in addition, they are complicated with a syphilitic miasm. For this reason they should be treated in the first instance by anti-psoric remedies, and in the second by anti-psorics, alternately with anti-syphilitics. The required remedy must be selected from among those whose pathogenetic effects are similar to the various stages of the disease. If such remedy be not known, we must seek for one from among those whose effects resemble the most striking symptom present (*Organon*, par. 232).

In intermittent fever, of a sporadic or epidemic character (not the endemics of marshy districts), the symptoms during the stage of chill, of heat, and of perspiration, with all their conditions and accessories, must be considered, and particularly those of the stage that is the most pronounced; but the symptoms during the apyrexia are of still greater importance, and must carry greater weight in selecting the simillimum (*Organon*, par. 235). The remedy in such cases is generally found among the non-psoric; but in all cases the remedy should be administered only after the paroxysm (*Organon*, par. 236).

If relapses occur, in spite of the administration of the appropriate remedy, an anti-psoric must be given (*Organon*, pars. 240 and 243), and this rule would equally apply to all acute diseases where latent miasmatic symptoms have been suddenly aroused. If the subject of endemic intermittent fever, who leads a regular life, free from excesses, but still inhabiting a

marshy district, does not soon recover under the influence of the non-psoric remedy, we may be positive that psora exists, and his cure is only possible through the aid of the anti-psoric remedies (*Organon*, par. 244). In some cases the patient must be removed from the noxious conditions under which he is living.

I cannot close these remarks upon the rules regulating the selection of the appropriate homœopathic remedy without some allusion to Hahnemann's clear and discriminating observations relating to acute epidemics. He tells us to be careful before being satisfied that we have obtained the simillimum for a prevalent epidemic to examine several patients, for seldom do we find in a few cases all the determining symptoms (*Organon*, par. 101). He warns us to distinguish between the symptoms which are almost invariably present from those which are only occasional, and to be guided accordingly in estimating their value. We are, too, cautioned against taking it for granted that one epidemic must necessarily resemble a preceding one, and, consequently, make the mistake of resorting to the same remedies in both cases (*Organon*, par. 102).

I had originally designed to illustrate most of Hahnemann's principles with clinical cases which have come under my observation from time to time, but this monograph gradually assumed such proportions that I have reluctantly to forego this intention. Whether it has lost or gained in interest by this omission I leave to you to decide.

We do not all proceed alike in securing the simillimum. Hahnemann's injunction, as given in his *Materia Medica Pura* (Vol. I, p. 23; Dudgeon's translation), are: "To jot down after each symptom all the medicines which can produce such a symptom with tolerable accuracy," "bearing in mind the circumstances under which they occur, that having a determining influence on our choice, and proceed in the same way with all the other symptoms." "From the list so prepared we shall be able to perceive which among the medicines homœopathically covers the most of the symptoms present, especially the most peculiar and characteristic ones—and this is the remedy sought

for, bearing in mind the great importance of the later symptoms." These injunctions are, perhaps, more generally followed than any.

Many physicians, however, adopt Bœnninghausen's plan, which is to consider, first, the moral and intellectual faculties, then locality, sensations, aggravations, and ameliorations and concomitants. This method is best carried out by the use of Allen's *Bœnninghausen's Therapeutic Pocket-Book*. But if a case to be prescribed for reveals no dominating, no characteristic, no peculiar symptom, then we adopt the numerical method, and this is the most readily carried out by using Guernsey's *Bœnninghausen's Repertory*, with which you all are undoubtedly familiar. When we have in this way found the remedy or remedies which correlate with the entire group of symptoms we next consult the *Materia Medica* for our final choice.

I use either one or the other of these two methods, and occasionally Guernsey's Key-Note system, subsequently carefully studying, rubric by rubric, the *Materia Medica*, until I find the simillimum, or the remedy which compares best with the case under consideration. I confess I have always had a strong penchant for working out the simillimum by Guernsey's Key-Note system, which, according to my impression, is merely a promulgation of Hahnemann's idea of characteristic symptoms. Often we are enabled by this plan to choose the remedy very quickly. I incline to the belief that this was the system adopted by those physicians in our school who have earned the reputation of being rapid prescribers.

Hahnemann's three rules are followed by all true homœopathicians. Although two of them have been already alluded to, allow me to sum them up as follows :

1. The choice of a remedy must depend upon the analogy between the symptoms of disease and the symptoms of the drug, and more especially the characteristic ones.

2. The curative remedy must be looked for among those which act in a contrary direction to the symptoms of the disease—i. e., when the symptoms progress from the exterior to the central organs, or from below upwards, the preference must

be given to remedies whose action proceeds from the vital organs to the surface of the body, from within outward, or from above downward. Such remedies are found among the antipsorics. "The metaphysics of our science tells us, that all drug diseases (paranosses) are in their essence and offspring, opposite to the whole mass of epidemic, contagious, and other diseases, all of the latter originating from a conflux of causes (synnoses)."

3. The recently developed symptoms are the first to disappear, under successful homœopathic treatment, while the older, more permanent ones, vanish later. The remembrance of this will often prove of the greatest utility to the practitioner, enabling him, on the one hand, to cure with precision, and on the other, to foresee the impossibility of securing a complete cure. If, after the administration of the carefully selected remedy, the symptoms do not yield in the inverse order of their appearance—the later ones vanishing first—we may rest confident that the patient, although he may appear to improve in health, will suffer relapses, sooner or later. Hering, who was one of the greatest lights among the followers of our respected master, added another valuable rule to Hahnemann's three. He repeatedly observed and demonstrated that affections proceeding from one side of the body to the other are more effectively removed by medicines which act in the opposite direction. This might be considered a development of Hahnemann's third rule (*Hahn. Monthly*, Vol. I, p. 49).

Hering also stated that he took it as of good augury to the welfare of the patient if an eruption followed the administration of a remedy; on the other hand, if a pre-existing eruption disappeared, without an improvement in the mental or general symptoms, he considered his prescription faulty and he promptly administered a new remedy.

The above constitutes the principal rules laid down by the truly inspired founder of Homœopathy. No one who has fairly endeavored to put them into practice has failed to meet with successful results in the treatment of the sick—aye, results often bordering upon the marvelous. These rules are based

upon the thorough knowledge of the laws relating to science and medicine, and the correlating branches, hygiene, physiology, pathology, and pharmaco-dynamics. How admirably disease and therapeutics are connected and associated, without a flaw in the chain of logic or observation. The theory of the existence of a vital force playing such an important physiological rôle, as Hahnemann ascribes to it, may be hypothetical, but there has not been advanced by any medical reformer any more plausible suggestion in explanation of the manifestation of pathological states and their causes. An absolute definition of disease could not be given, and he wisely abstained from it. Mental influence in causing disease is a strong point in favor of Hahnemann's theory, and he very ably alludes to the fact. There is nothing hypothetical in Hahnemann's method. He invents nothing; he simply relates medical facts, founded upon tradition, observation, investigation, and experience. Others before him had recognized a law of similars in medicine, but no one had the genius to found upon it a whole system of medicine based upon eternal, unchanging, natural laws. One rule laid down is the natural and consistent outcome of the other, establishing a perfect accord between and correlating alike disease and therapeutics. Notice how admirably he ever associates cause and effect, and how severe and positive are his rules, and yet so comprehensive. Hahnemann's aim and goal was to remove the diseases besetting humanity, and he proceeded methodically and logically to attain his end, with the result that he has made known to the world the only true law of therapeutics, to the lasting benefit of his race. In truth, it may be said, no greater reformer in the art of medicine, or greater benefactor to humanity has ever lived.

And now, gentlemen, let me say, I am far from satisfied with the result of my labors. It seems to me that I have but imperfectly treated a very weighty matter, but doubtless there are others here who will supply these deficiencies in subsequent essays. And yet, I need hardly say, its preparation has taken up much time and the careful study of all of Hahnemann's works. In spite of all the short-comings of this paper, I do not

regret the hours thus spent, for I feel that I have derived no little profit from it. And it is my earnest hope that its perusal may benefit you.

In concluding let me say, we have serious duties to fulfill in our mission as homœopathicians—a duty to the philosophical and beneficent law handed down to us by the immortal master, who bade us maintain, in all its integrity, the grand legacy he bequeathed his followers, and a duty to our patients who entrust us with what is most precious to them—their lives and welfare.

Hahnemann has left us plans for a medical edifice, magnificent and comprehensive, judged by all the canons of art and science; but, of course, some of the details necessary to its completion he did not live long enough to consummate. It remains for us to perfect and complete them, that we may boast in the evening of our lives that we have not lived in vain. Hahnemann truly says: "In a science in which the welfare of mankind is so much concerned, any neglect to make ourselves masters of it becomes a crime." Let us all, then, do our duty faithfully and diligently, fearlessly and with singleness of purpose, till we become better and better equipped to cope with disease and death, and endeavor to sweep away most of the ills besetting poor humanity. There is solace and comfort, too, in the thought that what we do here, may be consummated and made perfect in that life awaiting us, beyond the present sublunary sphere we inhabit.

DIVINITY OF THE LAW.

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With the Genesis of creation comes the Genesis of law. Physical law and the physical universe are inseparable. You cannot study one without the other. The smallest atom of matter is under the government of the same forces—under the influence of the same laws as the planets. Cohesion is in every known thing. Gravitation is everywhere, bringing to bear its influences in harmony. God's laws are His commands executed;

His will evolving itself; the source of which is in His omnipotence. They are the dictates to nature, whether revealed or unrevealed. They are the decrees of Heaven. The universe and all creation is subject to them. Chaos would return, and the mind cannot imagine the results if the physical laws of our universe were annulled. In this we may consider not only the inorganic, but the organic. Life itself is but the outgrowth, and the development of law. "From harmony, from heavenly harmony, this universal world began," through the potency and omnipresence of law. It may be considered the *priora* of matter, for without law matter could not exist. It transcended and evolved from the forces through the divine instrumentality of law; through the conservation, correlation, and transference of forces.

The same physical laws prevail everywhere and in everything. It is the same law that forms an iceberg in the Arctic Seas as that which forms the Queen of Crystals in the mine; and by the aid of chemical analysis, the telescope, the microscope, and the spectroscope, we find that all parts of this universe are constructed on the same grand plan. The same light that revealed creation shines through everything. It is the same light that paints the sunbeam, that lights the insect's wing, the diamond's flash, or the water's crystal drop, as that which is revealed in the spectroscope.

Though natural law predicates nothing, of course, it is a statement of the orderly condition of things in nature. Drummond says of natural laws, that "They are great lines running, not only through this world, but through the universe, reducing it in parallels of latitude to intelligent order."

The discovery of law is the discovery of science. Law undertakes the profound task of comparing line by line, angle by angle, and point by point. If natural law could be traced to its spiritual source it would bring with it all the credentials that the thinking mind requires. The effects of the introduction of natural laws among the recorded phenomena of nature has simply made science. It has transformed knowledge into truth; it has driven away mysticism; cleared from the mind the

shadows of doubt and superstition, and brought us into a closer relationship with the Divine Author of all that is good and perfect.

When the mind grasps these natural or physical laws a revelation begins, and we come forth into the light of knowledge upon a broader basis; abandoning the negative side of things, we stand upon the broader platform of the positive. We see the truth in nature as it comes from the source of truth, and no one can study these laws without a change coming over his views of truth, as he grasps the actual things that are revealed to him through the knowledge of the law, his past knowledge, which has been studied from the standpoint of empiricism, becomes unfixed and unstable and he gropes about no longer in the darkness of uncertainty, but if we understand the laws of a science the phenomena will arrange themselves as we progress in the knowledge of them. New worlds may be discovered or new elements be brought to light, but the old laws of nature are found to govern them.

We, as children of nature, and being so limited in our vision, catch with the camera of the mind but a faint outline of the true picture of the outwardly expressed phenomena of these natural laws.

A limited number of our sciences may be designated as true sciences, but the majority are studied from the standpoint of a working hypothesis. Hudson, in his *Law of Psychic Phenomena*, says: "Substantial progress in a science is impossible in the absence of a working hypothesis, which is universal in its application to the phenomena pertaining to the subject-matter." It ceases to be an hypothesis as soon as it is demonstrated to be a law. It was a law unrevealed by demonstration, yet not knowing it, we call it an hypothesis until we find it controls and governs the mass of the phenomena pertaining to that science; therefore, no proposition in any science is worthy of belief unless demonstrated or verified by the phenomena. We may lose sight of a substance, but we cannot of a law. Its reign comprises the things invisible as well as the visible.

Law stops not with potency, and though it is hermetically

sealed it is approachable from the natural side. "No key from the mineral world can open the door between the organic and the inorganic or from the vegetable to the animal nor from the natural to the spiritual" except through our knowledge of law. Spiritual laws are not only analogous to the natural, but they are the same. It is a question of identity. "The laws of the visible are not projections into the invisible, but a continuation." Therefore, as long as we are in the natural sphere we familiarize ourselves with nature through and by natural laws, but if we enter the sphere of the supernatural we do so through the power of the mind, evolving what we are not positive is outside of the natural through our acquaintance with law. What we to-day consider the supernatural to-morrow is classified among the natural, and what would appear a divine effort now is a human effort ten years hence. So the imaginary line between the natural and the supernatural is ever changing, as man's intelligence rises to a higher standard in his knowledge of truth. Do not we, as homœopathic physicians, perform cures every day that are in one sense of the word superhuman by the use of means applied in harmony with a natural law? and we as instruments of God on this esoteric plain cannot tell how far we may carry out His will through the divinity of His law.

As this is true of many of the sciences, it is especially true of the law of similia. The means employed are beyond human contrivance. Nature is sick, or, as Hahnemann has said, "There is a disturbance in these forces that maintain life," either from its natural environments or its unnatural, and the cure is more natural. Thus we bridge over these breaches in nature, whose cause is in sin, by the grace of God through the instrumentality of law. The law responds promptly as far as our intelligence or knowledge of the law make it possible for us to apply it.

Lew Wallace, in his *Prince of India*, says: "Similarity is a law of Nature, and the law of Nature is the will of God." Not only is the law divine, but the knowledge of it is divine; and when we are taught to look away from the tangible and to realize that that which is called spiritual is above the tangible, then we will begin to understand the beauties of pure Homœopathy

and the potencies. Those who only believe in what they understand and take cognizance of by the five senses are bound as a slave to the material, and have not drunk from the fountain of enlightenment. They are dead, as far as their internal relationship is concerned, to a higher law and a more spiritual sight. An insight into pure Homœopathy is gained only by climbing higher than the materiality of things, and it is only through the understanding conception that we see the workings of the divine.

Our greatest discoverers of law have been guided to the opening of those paths by that delicate sense for abstract truth. Their minds were highly trained in the exercise of speculative thought; they almost guessed the truth before they proved the phenomena. Every true scientist must come to learn this fact, "that the things we see are not made of the things that do appear," and that the invisible forces lie behind and above all material things.

Since man became a dweller in this mundane sphere the law of similia has existed, and has spoken to us through the same phenomena as now, but we knew not the voice, and we might echo the words of the poet, "Science moves, but slowly, slowly, creeping up from point to point." The world was not yet ready for it. A man had to be born as a fit receptacle for such a mighty truth. When God wishes to carry out His will by conveying to the world some great truth, for the benefit of mankind, He creates a man; and as this is true of every great reform, it is especially true of Hahnemann. In him we find that Nature did so mix the elements as to bring forth a mind gifted with that power of thought that looks into the antecedents of things; gifted with a power of reasoning; an analytical mind; free from the narrowness and the prejudice of the scientists of his day. To such a man was revealed, through the limited knowledge then known, this wonderful natural law of *similia, similibus, curantur*.

Not only did Hahnemann discover a law of therapeutics, but he recognized a law of biogenesis that is in harmony with the law of similia. "Life," he says, "is a vital principle, a self-

moving force, a vital power, which, if acting in harmony preserves our bodies a harmonious whole; a disturbance of which is disease; a lack of which is death." True, it is a vital power; a means by which the biological forces are adjusted. As gravitation balances all other forces in the physical world, so the life forces balance all other forces within the law of biology. This, of course, is in health.

Herbert Spencer says: "Life is a continuous adjustment of internal relations to external relations." It is by virtue of these correspondences that we are entitled to be called alive. We are constantly adjusting ourselves to change, so that any altered conditions in these life forces throw us out of correspondence with our environments. Any environment may be a cause of disease, and the effects be in proportion to our correspondence. If we correspond not with a part, the part is affected; with the whole, the whole is affected.

Besides the natural environments as the cause of disease we have a more prolific cause in what may be termed unnatural environments; certain poisonous influences known as miasmatic poisons or morbid forces that are antagonistic to life, or antagonistic to these forces that give us the manifestations of life.

Just why these morbid forces should exist we do not know. We do know, however, that they do exist and are in direct opposition and not in harmony with these healthy life forces in all organized life. It is impossible to trace the cause to its source. Hahnemann's teachings go deeper than the materiality of things. He recognizes a spiritual man dwelling within the natural man; both subject to change on account of their relationship. The vivifying principle he calls the *life force*, which, when acting normally, is in correspondence with all other forces, and in disease they are subject to their influences. When do they lose their correspondence? When they lose their internal relationship. When do these biological forces become subject to other forces? When the life forces have lost their resistive power by the presence of miasmatic forces from without. (Hahnemann—working hypothesis.) Both men, you see, have a similar conception of life, disease, and death. Both great minds modestly

stop at the brink of the unknown shore: both recognize in life biological forces subject to biological law. In both cases the thought is an abstract one, yet they bring us into a closer relationship with the phenomena, and a better understanding of these natural laws. *Organon*, 10th paragraph: "Without this vital, dynamic power the organism is dead; by a disturbance of it the body is called sick;" the extent and intensity depending on the nature and intensity of the disturbance. It is then subject to the physical laws in proportion to the disturbance, or in other words, the biological forces that govern or control these healthy life forces are disturbed, leaving them more or less subject to the physical forces. Here Hahnemann's law of similia substitutes a similar force of nature from without, which acting on the disturbed life force within, restores it to a normal condition. Spencer could not disengage himself from the material. Hahnemann had long ago left the material plane, as he plainly saw that both life and disease were not material in their nature but dynamic or spirit-like. He had familiarized himself with the spiritual, which he knew to be above and before the material.

If we study not these laws of correspondence with relation to man and these physical laws, how can we expect to treat the man when out of correspondence with these laws, for they are the illuminators of nature, the dispensers of this gloom and darkness that surrounds us on every side. Within the organism lies the principles of life and it does not exist independent of antecedent life. In the environments are the conditions of life, and nature is its complement. We are only as we are sustained, and subsist only as we receive our environments. Health is perfect co-ordination; disease is the want of it. The proper simillimum restores this co-ordination, and as soon as it is restored health follows rapidly on the way. This explains the many instantaneous cures following the use of a high potency of the simillimum. They are so closely related to the co-ordinating power that they effect a cure quicker than the lower potencies, especially when there is great weakness in the recuperative power of the vital force.

The proper simillimum in order to restore this co-ordination

must be not only akin to the life force but it must be a blood relation to it, as it were. It must have the like qualities and peculiarities of the force that it is to correlate.

In the study of these divine laws of the force world we find that force cannot destroy force, nor can it neutralize it, but it can correlate it, or it can be changed from one kind of energy to another.

Disease appears and disappears by virtue of this same law. The activity of the drug energy will depend on its potentiality. The higher the potency the higher the energy, and *vice versa*.

Again, there is another feature of importance that must be taken into consideration in order to make a perfect application of the law so wonderfully brought out by Dr. Fincke ; that is, the potentiality of the drug shall be equal to the potentiality of the life force. This potentiality will, of course, depend much on the susceptibility, or rather, the sensitivity of the organism. Therefore, the sensitivity must govern more or less the homœopathicity of the life force.

Ameke says : " None but the careful observer can have any idea of the height to which the sensitivness of the human body to medicines is increased in disease." It transcends all belief, especially where the disease has attained great intensity. There is no measure or weight to God's laws. He measures with a far-searching eye and weighs nature in the balance of the infinite.

The dynamis of the drug must be equal to the dynamis of the life force ; so if the potentiality of the organism is far below the normal the potentiality of the drug may have to be changed so as to meet it, by selecting a lower or a higher potency, as the case may be. There is no rule, however, by which we may be guided to the proper potency, save that of experience and a study of the symptoms or the reaction of the life force.

Science is but what the natural world reveals to us through its phenomena, so the study of pure Homœopathy is but a study of its phenomena. We have for our consideration four sets of phenomena : the action of our remedies on the healthy ; the study of their action upon the sick, or the reaction of the life

force ; also a study of the symptoms that disturb the life force, and the symptoms of the disturbed life force.

The study of these miasms that disturb the life force has been sadly neglected since Hahnemann's time. But a limited number to-day give them the proper consideration, which has greatly barred the progress of our science. *Organon*, paragraph 48, says: "The physician is likewise the guardian of health when he knows the objects that disturb it." If Hahnemann's chronic miasms are the *prima causa* of disease, how necessary it is for us to study them carefully. If we know not the symptoms by which they demonstrate their presence in the organism, how can we apply the law intelligently? The whole of our success depends on how we arrange the phenomena. Life is not a straight line, but a succession of curves and angles, and if we leave out one or more of these curves or angles in taking our case we have left out a part of the phenomena, and we cannot apply similia with certainty. The better we become acquainted with these natural laws, and these physical forces that retain or antagonize life, the better we can apply similia.

Hahnemann saw the divinity of the law of similia, and it was by virtue of his being in the spirit of truth that the law was revealed to him. *To him only who is a disciple of the master and has within him a desire for the truth will it unfold itself. It is by this spirit of truth that we are united, and it is the duty of all to go, if possible, farther into the research of this truth than did Hahnemann.* If it is divine it is infinite. If it is infinite it has no stopping-place. To Hahnemann it was an unknown and untrodden path stretching out into infinity. Shall we stop where Hahnemann stopped, or shall we go on in this path that grows no broader or no narrower, but onward and upward until the completion and fulfillment of the grace of Him who is the source of the divine?

Who among you needs further proof that disease is dynamic when you are all willing to testify that it can be cured by dynamics? Who, again, can say that disease can be local in its effects, knowing that this vital principle is an indivisible whole? And as "one touch of Nature makes the whole world kin," so

what disturbs the organism in any part is felt in the whole. It is only a living part by virtue of the whole, or by virtue of the life force that vivifies the whole. Unless we accept the truth of a distributing force being inherent in disease we cannot accept it being inherent in drugs. Hence the close relationship between the disease and a potency of similia. It is fixed. Hahnemann has engraved it on the very door-posts of his temple of immortality; and we, as members of this association who worship at the shrine of this beautiful temple that God has given us by a revelation through this immortal Hahnemann, should approach its shrine with due reverence, knowing that only "he who sees takes off his shoes."

A Sandow may demonstrate to a phenomenal degree the power of those physical forces that are stored in his muscles, but a true scientific, homœopathic physician can demonstrate to the world in the cure of the sick a power that is from above through his acquaintance with the law of similia.

It stands as a guardian of health upon the threshold between life and death, offering a protecting and helping hand in all the ills that flesh is heir to. It soothes with gentle touch and unseen hand the very tempest of the mind; the aching and the fevered brow is cooled; our pains and our sufferings are by that potent touch dispelled. What a power lies within these potencies when applied through the law of similia! And whatever there is in life of any kind this law holds good. But we cannot materialize it, for it is a step above materialism; so we cannot discuss this science on a material plane, and any science of biogenesis that claims or demands such a thing is false. It would be a demand that a higher order of things be subject to a lower order, instead of a lower order of things being subject to a higher.

What does an allopathic physician know of Homœopathy, whose knowledge lies within the boundary of inert things? What is his criticism worth in the science of biology when he is only acquainted with chemical and mechanical laws? He has never been in correspondence with the higher laws that all higher life is dependent upon, so all his reasoning and his

rationalism are in vain, because what we have to do with life is out of the sphere of rationalism, so his very thoughts breed discord, and that harmony can be restored by a natural law is a thing unknown to him.

What is this turmoil in nature? What is this disturbance in the inner man but nature disquieted or distuned? It is full of discord, and it cannot be restored along the line of opposing forces, but by and through similarly acting forces.

Then let the names of such men as Dunham, Lippe, Hering, and Wells enthuse and inspire us with new efforts to follow, not only in their footsteps, but to look farther into the boundless resources of the law. Much has been revealed, still much is covered by the veil; but if we study carefully the law it will unfold itself to our limited vision in a broader and clearer light. Has not our love for the law a future? Will not right triumph? Is this great temple begun by Hahnemann to remain unfinished? No; we must go on perfecting it from day to day, until we can raise the right hand of fellowship on high and swear allegiance to this law, to this law which was first said by the master to be divine; swear allegiance to our principles as laid down in the *Organon*, which are the fellowship of truth. And may we all in the end voice the words of the poet:

"One God, one law, one element,
And one far-off, divine event
To which the whole creation moves."

A PROTEST FROM THE I. H. A.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN:

The statement made by the author of the preamble to the announcement of the nascent society, the "New Society of Homœopaths," published in the November number of THE HOMŒOPATHIC PHYSICIAN, that the I. H. A., by the indefinite postponement of the report of its Board of Censors, June 21st, 1892, "*deliberately violated* its Declarations of Principles, Constitution, and By-laws," can hardly be otherwise than

false ; for the author assumes to be informed, and if a member was doubtless informed of the following facts : Charges had been made against a member of that body of certain errors of practice conflicting with its laws and principles ; that report upon these charges would be made by the Censors was generally believed ; but to some extent the impression prevailed that the interests of the association would best be served by omitting their consideration ; as the member had already presented his defense in a circular letter embracing the particulars charged, and had obtained the opinions of many individuals upon the question of his culpability or error. But the "violation" involved in the indefinite postponement of the report at that meeting was not deliberate ; the motion to postpone was suddenly and unexpectedly sprung upon the assemblage, and without deliberation as to its actual character and effects, its bearing upon the laws and principles of the I. H. A., without opportunity for discussion or debate, possibly under a bias of judgment produced by the accused member's circular, was passed with impulsive acclamation. One or more of the members of the "new society" voted with the majority. The "immortal thirteen," most of whom have, we believe, entered this new organization, not surprised into precipitancy by the *coup d'état*, voted in the negative ; whether actuated by prior knowledge, counter bias, or superior and more deliberate judgment.

Why did not this *fortunate* minority object to the deplored proceeding, debate the question, and prevent the vote ? They protested by a negative ; but too late.

A certain amount of wisdom remained with the majority. They regretted this precipitate action and the default of justice, but well knew the *temple had not been destroyed*. A breach had been made, which could be repaired, and its integrity reassured. They painfully reflected upon their unwitting disrespect to the Chairman of the Board, whom all affectionately esteem, and for which they immediately strove to atone. They hoped also that the members who have seen fit to withdraw from the parent body would not sever their connection with it ; who even now, must realize that the abusive and false senti-

ment expressed in the preamble announcement of the "New Society of Homœopaths" can be entertained by none but its unknown author, and must hope that it will not recoil injuriously upon him or his fellows.

There cannot be too many societies engaged in the study of Hahnemann's Therapeutic Philosophy and the beneficent practice of his precepts: the more, so much the better for physicians, and best for the world.

Let us live in harmony, for we run the same race and aspire to the same goal.

In June of the present year, at Niagara, the I. H. A. unanimously adopted the following resolution presented by its Board of Censors:

"Many members recall with regret the passage of a resolution by our Association at Narragansett Pier, June 21st, 1892, which indefinitely postponed a report then offered by the Board of Censors, thus thwarting their performance of a mandatory duty.

"With the hope to repair as far as possible its results, the Board of Censors presents the following:

"'WHEREAS, It is claimed by some of our highly esteemed colleagues that at the meeting held by our Association at Narragansett Pier, June 21st, 1892, its By-Laws were infringed and its principles imperilled by the hasty passage of a resolution to indefinitely postpone a report of the Board of Censors, this Association hereby renounces such action as a precedent, and reaffirms its adherence to its Constitution, By-Laws, and principles. All of which was respectfully submitted and unanimously adopted.'"

Since the event of 1892, the I. H. A., as in all previous years of its existence, has maintained a healthy, well-ordered organization, its regular annual meetings, and performed its work with the accustomed emulation of its members, for purity of practice and devotion to its principles worthily recorded in its transactions.

B. L. B. BAYLIES, M. D.,
President.

J. H. ALLEN, M. D.,
Vice-President.

THE SOCIETY OF HOMŒOPATHICIANS.—A PROTEST.

When I accepted the honor of being duly elected a charter member of the Society of Homœopaths and the Declaration of Principles, Rules, Constitution, and By-Laws, which I considered as the best that had ever been drafted, I had no idea that their publication would be preceded by a preamble which from first to last I must emphatically disavow and disapprove.

I thought a *modus vivendi* could be found to continue the membership in either body, the I. H. A. and the S. H., because both advocate the same object, viz., the study and dissemination of the principles of Homœopathy as promulgated by Samuel Hahnemann, but this is made impossible after the falsehoods contained in that preamble. Lest I should be mistaken for a party to it, I hereby distinctly avow my continued allegiance to the International Hahnemannian Association, and declare that I consider myself free from any further connection with the Society of Homœopaths, if that odious preamble is not retracted publicly in the same journal where it was published.

B. FINCKE.

BROOKLYN, N. Y., Nov. 26th, 1894.

EVOLUTION IN MEDICINE.—THE USE OF ASSOCIATION.

W. H. LEONARD, M. D., MINNEAPOLIS, MINN.

It is worth the while to read the "Declaration of Principles" of the different associations for the protection, propagation, and evolution of the law of similars. Each is a different statement from the other in regard to the same principle. The first two, the A. I. H. and the I. H. A., have their history and uses, and there is no questioning the benefit to the profession at large.

Now comes a new association—the "Society of Homœopaths," and may be called the Society of Homœopaths

(Limited). This society, no doubt, will be useful in three directions—protection, propagation, and evolution, and it is to be hoped that the latter will not be the least, for some of the best thinkers speaking the English language are concerned in its success. The question arises, Why so many associations? Evolution is the method of progress. A fuller statement of truth may come out of it.

Is it possible to form an enduring organization from a single principle? All principles must be dual, tri-une, or four-fold, and must be in mutual relation with cognate ones. This is the case with all living things, and principles must be living, or they are not principles.

Now, is this third "Declaration of Principles" any improvement on the former? It may be questioned. Let us arrive at a four-fold statement of the power or force of the law, viz.: First, mechanical; second, chemical; third, electrical, and fourth, spiritual, or, better for our purpose, psychical.

In sections I and III is mentioned a spirit-like life force. This must be referred to our fourth element. Nowhere in the six sections is there a hint of any force but the psychical or spiritual, except in the sixth. It is a question whether the Newtonian law of motion is sufficiently ample to express the basis for the formation of a medical society, even though limited to fifty. Can the law of cure be founded upon a mechanical law of motion? Does Newton's law of motion express the action of all force?

The cause of the formation of this society is doubtless laudable, but it is upon ethical grounds. The ethical has not been known in medicine, or certainly not made practical. There is wanted a statement which shall cover this point. The four-fold relations of the elements of an organic cell may be expressed: 1st, Physical; 2d, Intellectual; 3d, Ethical; and 4th, Spiritual.

Let there be a formation of another society of fifty or more, based upon a full scientific statement of principles underlying the profession of medicine, then will progress be through evolution.

THE SOCIETY OF HOMŒOPATHICIANS.

CLARENCE WILLARD BUTLER, M. D., MONTCLAIR, N. J.

In the manifesto of the new Homœopathic Association with the above title, published in THE HOMŒOPATHIC PHYSICIAN for November, 1894, appears the following :

“At the meeting held at Narragansett Pier, June 21st, 1892, the I. H. A. deliberately violated its Declaration of Principles, Constitution, and By-laws, by voting to indefinitely postpone a report of the Board of Censors before it had been submitted, in order to shield a member in error. This repudiation of its principles destroyed the life of pure Homœopathy as represented by the I. H. A., and no ‘resolution’ can restore that life or the integrity of the Association.”

The central fact in respect of this matter has been concisely stated by the writer of the quoted paragraph. It is true that the I. H. A. did vote “to indefinitely postpone a report of the Board of Censors before it had been submitted,” but that such action was deliberate; that it was done to shield a member in error; that it was a violation of its Declaration of Principles, Constitution, and By-laws; that it destroyed the “life of pure Homœopathy as represented by the I. H. A. ;” that it destroyed the integrity of the Association—all seem assumptions pure and simple, and without justification in the circumstances immediately surrounding the event, or in subsequent developments in relation to it.

Now, the Board of Censors not only had a right to present its report, but it was its manifest duty to do so. By refusing it opportunity to exercise this right and to perform this function, the Association acted contrary to the customs and usages of all deliberative bodies, and without doubt a ready and acute parliamentarian would have been able to prevent its unwise action. It violated the customs and usages of deliberative bodies—that is, it violated parliamentary law. But pray, how did it violate *its* Declaration of Principles and *its* Constitution? Inasmuch

as it is usually expressed or assumed by the By-Laws of a society that its proceedings shall be conducted according to parliamentary usage, it may be said that it, by unparliamentary action, indirectly violated its By-Laws perhaps ; but surely as far as the objects of the Association are concerned, its principles in relation to that branch of science which is its especial business, or any other matter aside from the manner in which its deliberations shall be conducted, parliamentary law has nothing whatever to do. That, in the specific case under consideration, the violation of this law was a grave and serious error, there can be no doubt. That it established a precedent of dangerous import, offered a gratuitous and wholly undeserved affront to its Board of Censors, and tended to subversion of orderly and business-like methods, one may readily concede and sincerely regret.

But on what possible grounds it can be assumed that it violated the Declaration of Principles of the Society, its Constitution, or even otherwise that indirectly its By-Laws, it is difficult to conceive.

And it is equally difficult to understand why the new society charges the I. H. A. with *deliberate* action on this occasion. Had it been the deliberate intention of the Association, or a majority of its members to suppress the report of the Board of Censors, it would have carefully avoided infringements of law and leave no loop-hole for future criticisms of its methods, even if unable to prevent strictures upon its intent.

That it was the deliberate judgment of the majority that no good could come from discussion of the charges made, and its deliberate intention, not only to prevent such discussion but to ignore the charges, seems more than probable. And had the Association proceeded in an orderly manner to carry out the desires of a majority of its members in this regard, whatever may be the opinion held of the wisdom or unwisdom of such a course of action, there can be no question but that it had an undoubted right to take this course.

The very fact that it did not proceed in an orderly manner according to parliamentary usage to accomplish its probable desires, shows how precipitate and unthinking its action un-

doubtedly was. That this ill-considered and hasty action was for the purpose of shielding "a member in error" seems also pure assumption. The charges were informally before the Association, and the reply to the charges had, also in an informal manner, been submitted to its members. It seems to me more reasonable to assume that the members were disposed to believe that the charges could not be sustained and were anxious to avoid the heat and heart-burnings of open discussion. Had the new society chosen to criticise the wisdom of this course, probably now no one would arise to say them "nay," but to thus openly assume that the I. H. A. deliberately chose to shield error, rather than to expose and condemn it, seems, especially in respect of unproven charges, as unjust as it is uncharitable. Neither is "the integrity of the I. H. A." nor the "life of pure Homœopathy as represented in it" dead. It is prosperous, virile, and aggressive, and the enthusiasm for the Homœopathy of Hahnemann, the determination to maintain and advance it, the indications that no errors of the past shall hamper its future, are all "in evidence" among its members.

Whether "a new society is imperative for the preservation and advancement of pure Homœopathy" is a question to which perhaps no answer may now be given. Assuredly there is ample room for all, and much work in sight.

How this shall best be done, who can tell?

"God deigns not to discuss
With our impatient and o'erweening wills
His times, and ways of working out through us
Heaven's slow but sure redress of human ills."

PURE HOMŒOPATHY *vs.* ECLECTICISM.

JOS. FITZ-MATHEW, M. D., VICTORIA, DAUPHIN CO., PA.

When some years ago resolutions were introduced in the New York Homœopathic Medical Society, which, if not rescinded, would have practically converted it into an Eclectic Society, our enemies were jubilant. They said what they wished, that Homœopathy was moribund. But if we consider the number

of practitioners of Homœopathy which have since been launched they have a very lively corpse to deal with.

Even if a majority of these practitioners do mix up Eclecticism with Pure Homœopathy, *they do not bring Homœopathy down to their level*, nor does it affect the standing of Homœopathy in the opinions of competent judges.

It is certain that now a large proportion of homœopaths do—occasionally, at any rate—resort to eclectic remedies. But “why do they persist in sailing under the flag of Homœopathy?” It is because they know that a homœopathic practitioner enjoys a superior professional standing in public estimation. It takes the *name* of Homœopathy to make their eclectic remedies “go down” with patients who seek a homœopath.

It seems to me entirely unnecessary to attempt to prove in these days that the principles and practice of Homœopathy, being founded upon a “Rock of Truth,” can never die. The practice of those worthy disciples of the great master and founder of Homœopathy, many of whom have grown gray in the service among us, could produce an amount of evidence which would be irrefutable. But, “why have we so many backsliders amongst us?” I divide them into two classes, viz., those who prescribe according to similia as long as no case presents itself in which they fail to find a remedy to cover the symptoms, and then, harassed by the importunities of a suffering patient, who wants relief from present pain, and by the fear of dismissal if they do not afford it, they resort to a palliative. The second class comprises those who are habitually eclectic in their practice. They have, some of them, a very liberal bill of fare for their patients. “Take your choice, gentlemen.” You can have Allopathy, Homœopathy, or Eclectic treatment out of the same bottle. It is a pity Heller did not study medicine. He might have beaten them at their own game.

Now, I sympathize with some of the first class. Cases occur in which it requires great labor and mental effort to arrange and to elicit the patient’s symptoms and to find a remedy which fits the case, and in desperation they depart from Homœopathy. *Inadequate medical education, especially in materia medica, is the*

root of this evil. Supposing a case presented itself for the symptoms of which no remedy was to be found, after every effort, which coincided with the presented symptoms, and in an emergency some measure of palliation is adopted! This is no discredit to Homœopathy, for we have yet to discover, prove, and record many more drugs which may supply deficiencies in our *materia medica*. It is a good legal axiom that "every case must stand upon its own legs." I don't believe that any homœopathist who has common sense, and who has repeatedly seen the beneficent action of our well-prescribed remedies, would ever resort to other measures within the range of medicine if he could find the *simillimum*. Those who have had the experience of years of practice well know the labor encountered in finding a remedy in a given case. They also know that a patient who will be patient in the hands of a renowned practitioner will often not be so in those of his less fortunate brethren, to whom the loss of a patient and the chagrin of a failure is much more serious. But I believe many of these straying homœopathists will come back "into the fold" of their own accord as they gain in experience and the knowledge of *materia medica*, and realize the failure which inevitably follows every departure from *similia similibus curantur*.

IN MEMORIAM—REV. C. P. JENNINGS, S. T. D., M. D.

Resolutions passed by the Central New York Homœopathic Medical Society, at Rochester, N. Y., December 20th, 1894:

As the years roll by we are painfully reminded of the brevity and uncertainty of life. From time to time we have been called upon to mourn the loss of some one of our members, until they who have gone before us number as many as those who yet live and act with us. Glancing backward, we recall the names of Drs. Clary, Hawley, Hoyt, Miller, J. G. Bigelow, Frank Bigelow, Smith, Potter, Pool, Spooner, Benson, Sumner, Gardner, Wells, Mera, Schenck, Brown, T. L. Brown, Munger, Robinson, Squier, Richards, Schmitt, and now we learn of the death of one of our old Secretaries, Rev. C. P. Jennings, S. T. D., M. D., who died at his daughter's residence in Shelbyville,

Ind., November 20th, 1894. He was Secretary of this Society from December 18th, 1879, to December 20th, 1883.

Dr. Jennings was an Episcopal clergyman who officiated at several points in this State, a man of decided ability, great decision of character, fearless in his espousal of the right as he recognized it, a warm adherent of Hahnemannian Homœopathy, and a zealous advocate of it. Of late years his painful infirmity, multiple sclerosis, cut him off from intercourse with us, and prevented his active participation in the work, but we feel assured that he was with us in spirit. We deem it not only well, but a duty to record and publish these sentiments in a suitable way, and to that end we offer the following :

WHEREAS, Death has again taken one of our number in the person of Rev. C. P. Jennings, S. T. D., M. D., a time-honored, respected, and zealous member, formerly Secretary of this Society, therefore,

Resolved, That we fully understand and acknowledge the meaning of the loss of such members of this Society as Dr. C. P. Jennings, who was a scholar, a man of integrity, an uncompromising homœopathician.

Resolved, That in the capacity of Secretary of the Central New York Homœopathic Medical Society during the last year of the seventh and the first years of the eighth decade of this century, he rendered us very valuable service, for which we are under obligation to his memory, which we cherish.

Resolved, That we truly sympathize with his widow, if she survives him, and with his relatives and friends, wherever they may be, in their bereavement, and we rejoice with them in the fact that he maintained an honorable, just, and consecrated life, a life devoted to the welfare of humanity.

Resolved, That a copy of these resolutions be furnished the family of Dr. Jennings, and to THE HOMŒOPATHIC PHYSICIAN and the *Medical Advance* for publication.

T. DWIGHT STOW,

A. B. CARR,

Committee.

IN MEMORIAM—DR. JOSHUA EMMONS.

Dr. Joshua Emmons died November 26th, 1894, at 1.30 P. M., at his home, No. 17 South Eighth Street, Richmond, Ind.

On the evening of April 6th, he sustained a fracture of the neck of the femur, while alighting from an electric car in motion.

He thought he was able and did resume his practice in July, but the first of September he was compelled to abandon it and confine himself to his room, and finally his bed, where he received the kind and loving care of his devoted wife and son until called from labor to reward.

Dr. Emmons was born near Middletown, Butler County, O., on the 5th day of December, 1826. His youth was spent on the farm, during which time he attended the district school and the Monroe Academy. He taught school at the age of seventeen, and continued teaching as a profession up to the time when he entered the Eclectic Medical Institute, of Cincinnati, from which he graduated in 1850. At the time of his attendance the Institute was provided with one homœopathic professor, under whose teaching the Doctor became imbued with the spirit of Homœopathy. He was a reformer by nature, and notwithstanding we find him, shortly after his graduation, located at Piqua, O., as an eclectic physician and as a member of the Montgomery County Eclectic Society, he presented a paper to the Society advocating the claims of Homœopathy in the treatment of all forms of disease. *Some* of the faithful brothers attempted to bring charges against him for heresy, but as the Society soon became the Montgomery County *Homœopathic* Medical Society, there were none left to "cast the first stone."

Dr. Emmons was an ideal homœopath—a man of extensive reading and deep practical thought. As a prescriber he was one of the first in the homœopathic ranks. He always selected his remedy with care, and prescribed with a precision born of an experimental knowledge which seldom carried short of the mark. Like many thinking physicians, who think out the great truths taught in *The Organon*, he was a Hahnemannian.

Although not obtrusive, he was persistent and faithful in the advancement of the cause which he espoused. He was intensely loyal to his God, to his country, to Homœopathy, and to his friends.

He was an instructive writer and should have written more, as he was the possessor of a vast amount of practical experience with the single remedy in the high and highest powers.

Dr. Emmons located in Richmond, Ind., in 1868, where his gentlemanly deportment and high professional attainments soon introduced him to an extensive practice.

He was thrice married—his first wife being a daughter of the late Dr. Pretsinger, of Euphemia, O. November 5th, 1869, he married Miss Louise M. Bowers, of Richmond, Ind., who proved herself a helpmate in the full sense of the word. She, with a son by the first marriage, are comforted by hope in a future existence and the remembrance of a kind and faithful husband and father, to whose many virtues we may well point as an example to men.

I. DEVER.

CLINTON, N. Y., December 25th, 1894.

BOOK NOTICES.

DEFECTIVE SPEECH AND DEAFNESS. By Lillie Eginton Warren. Edgar S. Werner, Publisher, 108 East Sixteenth Street, New York. Price, \$1.00.

In this book the author outlines a system of education of the eye, ear, and vocal organs for the deaf which is not only to teach them to speak fluently but to understand readily when spoken to in ordinary language.

In addition to this there are chapters on various forms of speech defects and phases of deafness.

It is not often that a book on any technical subject is read with zest and fresh interest. This little book has the fascination of fiction and yet there is no attempt at popular style. It interests the lay reader as well as the specialist.

One loses himself in the subject of each chapter as in the character of a novel, and having finished the book there is the same feeling of regret, of wishing it continued.

Miss Warren is not only master of the speciality upon which she writes but

has the gift of the accomplished teacher—that of imparting knowledge in such a way that its acquisition is pure pleasure and not a necessary bore.

Miss Warren says: "Many an agreeable impression is dispelled when a stranger open his lips and exposes an infantile pronunciation. Clear, crisp articulation is in keeping with the dignity of business, professional, and social life. It is to be expected that childish things have been put away, even if there be lacking the finish and ease in which the cultivated ear delights." The force of this appeals to each one of us. The speaking voice requires more cultivation than it receives, which at present is next to none at all. The educated ear is as keenly alive to the beauty of the voice in speaking as in singing.

Every teacher and parent ought to remember that "correct articulation is a means of mental development, and exercises to insure it have a beneficial effect upon all the nerves, making them more expressive agents of the mind. Correct articulation also leads directly to correct use of language, whereby are revealed culture and refinement."

Ruskin says that the education of the intellect is wasted on some men and for others mischievous, but that the education of the heart is alike good and necessary for all. In line with this truth is Miss Warren's observations, "A child's happy state is absolutely the first essential for securing a warm or affectionate tone of voice, because, even among the hearing, such a condition of mind relieves the vocal bands from unnatural tension. The prompting to action of the organs of speech comes from the affections more than from the intellect. We will to speak before we go through the act of articulating. If moved by pleasurable sensations, the quality of voice is smooth and agreeable, but if any intensity is felt, the tone reveals that condition to the alert listener."

Dumb persons are especially liable to pulmonary troubles on account of undeveloped lungs. "Life is kept in the body by the air received through the nose, and sometimes, unfortunately, through the mouth; but the person who does not know how to exhale the same air in speech or in song, does not fully develop his lungs."

Again the author says: "The deaf child surely has breath enough for vital purposes; why not for vocal?" and upon this question follows the interesting chapter on "Teaching the Dumb to Speak."

Here is a broad view of education with a special emphasis on the auditory senses. One regrets that this is not more generally recognized at the present time. "Remarkable results have followed the careful development of the auditory sense in children who were previously judged to be wholly deaf. Therefore, it is fitting I should urge that hearing receive the special attention it deserves. Instruction is defective which does not include the education of every sense. That which enters by the eye appeals to the intellect or understanding, and thence to the affections; that which enters by the ear appeals directly to the heart as well as to the understanding."

In the chapter on "Dull Pupils," Miss Warren says: "If one has had his development of speech retarded, he is soon in the unfortunate position of

having ideas beyond his verbal expression; his vocabulary increases and soon imposes upon his vocal organs the most impossible feats. This is a critical condition, and may, if not properly cared for, lay the foundation for stammering." Thus we are brought to regard the stammerer in a new light, and instead of thinking him somewhat stupid, we see he is often quite the opposite.

The same might be said of many of the "dull pupils in school," who would be found, on examination, to be merely suffering from defective hearing.

Miss Warren describes two unique cases of invented or "pathological" language, and her fine analysis of the cause of defect in these cases is a most valuable contribution to the literature on this subject.

"Their education was at a standstill," she says of these cases. "Efforts had been made to instruct the older boy. The result was utterly discouraging."

These two boys at this time came under Miss Warren's instruction, and she writes: "The boys rapidly acquired the art of arranging words correctly in sentences, and in a few months were able to take their rightful place in school. From extreme unintelligibility they grew into a surprisingly correct and fluent utterance."

The book from beginning to end shows the practical worker, and is full of rich thought. Nothing is overstated; the moderate tone throughout carries conviction. Yet Miss Warren is an enthusiast. The enthusiasm is that born of achieved success, not of misconceived possibilities.

Every specialist, physician, and teacher should read this book, and every intelligent parent, whether or not of deaf children, will find it most useful.

LAWRENCE M. STANTON, M. D.,

New York.

INDEX MEDICUS. A monthly journal devoted to the cataloguing the titles of all medical articles published. Editors, Dr. John S. Billings, Surgeon U. S. Army, and Dr. Robert Fletcher, M. R. C. S., England. Subscription price, \$10.00 a year, payable in advance. George S. Davis, Publisher, Detroit, Mich., U. S. A.

The scope and purpose of the journal, now in the sixteenth year of its career, are well known to the prominent members of the medical profession at home and abroad; but even to them, as well as to those who may desire to become subscribers, a statement of the method of its production may be of interest.

The *Index Medicus* is a royal octavo journal, each number containing 48 double-column pages, handsomely printed from clear type on superior quality of paper—special care being taken to secure typographical accuracy and perfect finish.

The library of the Surgeon-General's office in Washington, one of the most important medical libraries in existence, obtains, by subscription or exchange, all the medical journals and transactions of medical societies published in any language in any part of the world. It has required years of diligent inquiry and research to ascertain the names, merely, of these publications and to per-

fect the system by which they are obtained, and it is safe to say there is no such complete collection of current medical literature to be found elsewhere. As fast as these journals are received the titles of all original articles are copied to form part of the Index Catalogue now being issued under the authority of Congress.

This extensive work, of which the fifteenth volume (extending through the letter U) is now completed, is a catalogue not only of authors, but of all subjects of medicine, the latter being arranged under a very comprehensive classification. For example, the first six volumes of the work contain under these subject-headings 64,142 books and 219,154 journal articles. This is in addition to the author-titles, which amount to 58,886.

All the works thus indexed are to be found in the library, and are therefore available for consultation.

The *Index Medicus* comprises, in addition to the titles copied from the daily indexing of the current literature received at the library of the Surgeon-General's office, those of all new medical works, or new editions, which may not form part of that collection; it is therefore, as nearly as possible, a *complete bibliography of medicine*. The value of such a record, the only one of its kind in existence, can hardly be over-rated; and as the edition is small and not stereotyped the volumes are certain to become scarce and enhanced in price.

The *Index Medicus* has heretofore been published at a very considerable pecuniary loss. Many suggestions from those interested in the welfare of the enterprise have been received by the publisher to the effect that a material reduction in the subscription price would, by making the work popular and its possession, by the mass of the profession possible, establish it on a permanently self-sustaining basis. In view of these facts the publisher begs to announce that, while the loss resulting from the continuance of the enterprise at the present time, which must necessarily be assumed by him, will not admit of a reduction in the subscription price at once, he proposes to reduce the price as soon as the support received from the medical profession will warrant such action. It is thus to the advantage of every subscriber to use his influence in behalf of the *Index Medicus* in the circle of his professional friends, and it is hoped the requisite support may be speedily secured.

ST. LOUIS JOURNAL OF HOMŒOPATHY. W. A. Edmonds, A. M., M. D., Editor, No. 2924 Washington Ave., St. Louis, and J. Martine Kershaw, M. D., Managing Editor, St. Louis, Mo. The Shultz Publishing Co., 105 and 107 North Sixth Street. Subscription price, \$1.00 a year.

The first number of this new monthly magazine, issued for the month of December, is now before the profession. It is a pamphlet of thirty-two pages full of interesting medical articles and some portraits of the professors in the Homœopathic Medical College of Missouri.

In his "Salaam" the editor says: "The study and practice of medicine the

world over, in all the schools, is practically a unit except in the matter of *therapeutics*. The time is past when any body of scientific men may sit in judgment and proclaim itself the repository of all truth, and that its neighbors and others, equally sincere and able, are but fools or frauds. This admission and declaration may not be taken that I propose to yield one jot or tittle in behalf of Hahnemann's wise and wonderful rule governing the selection of the suitable single remedy in its minimum dose in the treatment of disease."

THE STANDARD DICTIONARY OF FUNK & WAGNALLS

By actual count contains, exclusive of the Appendix, 301,865 vocabulary words and phrases, and the Appendix of Proper Names, Foreign Phrases, etc., contains 47,468 entries, making the total vocabulary of the dictionary 349,333—this after great care has been exercised to exclude all useless words. The immense increase of the vocabulary of the English language appears from the fact that the vocabulary of Webster's International Dictionary is 125,000 and the Century Dictionary is 225,000.

THE ART AMATEUR, Montague Marks, Publisher, 23 Union Square, New York. Price, 35 cents.

One can hardly imagine a more suitable Christmas gift for an artist friend than the December number of *The Art Amateur*. As it lies now before us it seems indeed a treasury of art, both for the art student—to whom it is a necessity—and the general reader. On opening it we find two charming color-plates—absolute *fac similes* of costly paintings: "A Summer Evening," by E. Sanchez-Perrier, and "Purple and Gold" (Pansies), by Maud Stumm. Then there is a very large life-study in charcoal, printed on gray-blue paper, and eight pages of working designs for china and glass painting, embroidery, wood carving, etc. Special attention is paid to the needs of those learning to become illustrators. The practical articles also include "Drapery Upon the Human Figure," "Pen Studies of Heads," "Flower Drawing in Pen-and-Ink," "Flower Painting in Oil," "Flower Painting in Water Colors," "Portrait Painting," "Landscape Painting," and "Designing for Lithographers"—an excellent field.

INTERNATIONAL MEDICAL ANNUAL for 1895.

E. B. Treat, Publisher, New York, has in press for early publication the 1895 *International Medical Annual*, being the thirteenth yearly issue of this eminently useful work. Since the first issue of this one-volume reference work, each year has witnessed marked improvements, and the prospectus of the forthcoming volume gives promise that it will surpass any of its predecessors. It will be the conjoint authorship of thirty-eight distinguished contributors and specialists, from America, England, and the Continent. It will contain the progress of Medical Science in all parts of the world, together with a large number of original articles and reviews by authors on subjects with which their scientific reputation is identified. In short, the design of the book is to

bring the practitioner into direct communication with those who are advancing the Science of Medicine, so he may be furnished with all that is worthy of preservation as reliable aids in his daily work. Illustrations in black and colors will be freely used in elucidating the text. A most useful investment for the medical practitioner. The price remains the same as heretofore, \$2.75.

E. B. Treat, Publisher, also has in press the following books, which will be issued early in 1895 :

THE PRACTICE OF MEDICINE, A SYNOPSIS OF. Comprising an embodiment of the late "Systems" and Cyclopædias. By Wm. B. Stewart, M. D., of Philadelphia. 433 pages. \$2.75.

DISEASES OF THE NOSE AND THROAT. By Watson Williams, M. D., London. Colored plates. \$2.75.

LEGAL MEDICINE, Hamilton's System of, Assisted by Thirty Medical and Legal Collaborators, is announced as now ready. Complete in two volumes, \$5.50 each.

NOTES AND NOTICES.

PRESIDENT McCLELLAND, of the American Institute of Homœopathy, has appointed W. Tod Helmuth, M. D., a member of the Hahnemann Monument Committee, to fill the vacancy created by the decease of J. P. Dake, M. D.

REMOVAL NOTICE.—The offices of the Eclectic Medical Institute, *The Eclectic Medical Journal*, and John M. Scudder's Sons, Medical Publishers, have been changed from No. 228 West Court Street, to 301 Plum Street, above Court, Cincinnati, Ohio. P. O. Box 115.

THE REAL VALUE OF THE MEDICINAL PEROXIDE OF HYDROGEN PREPARATIONS FOUND IN THE MARKET. By H. Endemann, Ph. D., Chemist, formerly Associate Chemist to the New York City Board of Health.

My attention having repeatedly been called to several reports and analyses made by different chemists and published by some medical journals, I concluded to examine all the brands of Peroxide of Hydrogen which I could find on the market, in order to ascertain the real value of each when intended to be used as an antiseptic remedy, both internally and externally.

The reports on the subject which have come to my knowledge are quite contradictory, and my object is to impart to the medical profession the results of my experiments, which have been made on fourteen fresh samples, purchased by me in duplicate directly from the manufacturers or their selling agents.

These brands have been tested for the volume of available oxygen, the amount of residue, the degree of acidity, and the amount of soluble Baryta Salts contained therein, as per following table :

BRANDS OF H ₂ O ₂ SOLUTION.				
	Volume of Available Oxygen, determined by means of a solution containing 5.665 Grammes of Permanganate of Potash per liter of distilled water.	Residue obtained from 100 c. c. of Hydrogen dried at 120° C.	Acidity expressed in cubic centimetres of Normal Volumetric Soda Solution for 100 c. c. of Peroxide.	Baryta found in Soluble Baryta Salts contained in 100 c. c. of Peroxide.
No. 1. Bene's H ₂ O ₂ Medicinal,	10.50	0.1886	2.19	None
No. 2. Hydrozone,	27.35	0.2180	3.11	"
No. 3. Larkin & Scheffer's H ₂ O ₂ Medicinal,	9.65	0.1206	6.75	"
No. 4. Mallinckrodt's H ₂ O ₂ Medicinal,	9.55	0.1408	1.43	"
No. 5. Marchand's H ₂ O ₂ Medicinal,	16.55	0.564	1.29	"
No. 6. McKesson & Robbins' H ₂ O ₂ Medicinal,	10.95	0.0540	0.44	"
No. 7. Merck & Co.'s H ₂ O ₂ Medicinal,	0.50	0.2418	4.57	"
No. 8. Oakland Chemical Co.'s H ₂ O ₂ Medicinal,	10.50	0.0382	0.34	0.0017
No. 9. Peuchot's H ₂ O ₂ Medicinal,	10.60	0.4674	1.77	0.0018
No. 10. Powers & Weightman's H ₂ O ₂ Medicinal,	8.40	0.0830	2.03	None
No. 11. Pyrozone, 3 per cent.,	11.20	0.0534	0.76	"
No. 12. Rosengarten & Son's H ₂ O ₂ Medicinal,	3.10	0.1002	0.25	"
No. 13. Smith, Kline & French Co.'s H ₂ O ₂ Medicinal,	6.15	0.0880	2.6	"
No. 14. E. R. Squibb's H ₂ O ₂ Medicinal,	12.40	1.004	12.04	"

By referring to this table it is easily understood that sample No. 2, "Hydrozone," is far superior to any other brand which I have ever examined, not only on account of its containing a much larger amount of available oxygen, but also owing to the presence of a small quantity of several essential oils, the respective nature of which could not be determined, very likely because they have been submitted to the oxidizing action of Peroxide of Hydrogen before being used to make "Hydrozone."

I attribute to this small quantity of essential oils the great superiority of Hydrozone over any other brands of H₂O₂ as a healing agent.

When Hydrozone is diluted with distilled water, in the proportion of half and half, the resulting mixture contains about 13.5 volumes of available Oxygen, and its bactericide power still remains the same as the bactericide power of sample No. 5, which contains 16.55 volumes of available Oxygen.

Sample No. 14 comes next to sample No. 5, but it is readily seen that the degree of acidity is entirely too large for a preparation which is to be applied to the most sensitive diseased mucous membranes.

Sample No. 11, called "Pyrozone," which contains 11.20 volumes of available Oxygen, is quite similar to sample No. 6, with the exception that the latter contains a small quantity of Salicylic Acid. Very likely the Salicylic Acid has for its object to increase the bactericide power, but, unfortunately, I fear that it impairs the keeping properties of this preparation.

Acidity.—The fourteen brands which I have examined contain free acids (Phosphoric, Sulphuric, Muriatic); and I must say that Peroxide of Hydrogen Medicinal should never be made neutral before using, even in the most delicate cases. Neutral Peroxide of Hydrogen rapidly decomposes under all conditions of exposure.

The keeping properties of H_2O_2 solutions vary a great deal with the degree of purity and the percentage of free acids contained therein.

If the proportion of acid is too large, the profession well know that it acts as an irritant upon diseased surfaces. If it is too small, the solution don't keep well.

My opinion is that a standard solution of medicinal H_2O_2 must answer the following tests:

1. It should contain at least 15 volumes of available oxygen.
2. The quantity of free acids contained in 100 cubic centimetres should require not less than 1 c. c. and not more than 3 c. c. of normal volumeric Soda Solution, to be made neutral. Such a small quantity of free acid is not objectionable.
3. It should not contain any soluble Baryta Salts.
4. It must be free from sediment.

It is to be noticed that the brands No. 7 and No. 12 are valueless.

The brands No. 8 and No. 9 are not fit for medicinal uses, owing to the fact that they contain traces of soluble Baryta Salts.

The brand No. 3 has a heavy sediment of Sulphate of Baryta, which may be considered inert toward the system, but it is certainly detrimental to the keeping qualities of this preparation.

Brand No. 14, which is sold as a ten-volume solution, is really twelve volumes, but it is too acid. Brand No. 4, which is sold as a fifteen-volume solution, is really 16.55 volumes, viz.: About ten per cent. above the standard.

The brand No. 2, which is sold without any mention of volume, is really a 27.35 volume solution, viz.: Ninety per cent. above the standard.

None of the other brands come up to the standard, but, on the contrary, they run from thirty-five to fifty-five per cent. below.

FUN FOR DOCTORS.

ROAST PIG.—For seventy thousand years, according to wise Elia, man ate his pig meat raw. Then it befell that a man's cottage burnt down and roasted a pig. The people ate of the roasted pig and liked it better than the raw pig. So it became the fashion when a man wanted a feast to burn his house with a pig in it. Then one day a sage discovered that pigs could be roasted without burning the house. Since that time man has made no further advance in roasting pork. All of which goes to prove that human advance is a rather slow process, going by long-parted jumps, few in number.

For many cycles man believed it necessary to drain away his blood and burn out his mansion of clay with drugs in order to roast out the disease-devil that lurked within. One day the sage Hahnemann discovered that it was not necessary to burn the house in order to roast the disease. A good many wise people have taken that jump, but the majority of the world still hold to the old methods. Which, as remarked before, shows that advance is a very slow process—always excepting schemes and machines for getting money.

HEROIC HOMŒOPATHY.—“How did you come to break both arms?” asked the sympathetic woman.

“It was Homœopathy did it, ma'am,” replied the tramp. “I fell down and broke my right arm, and the doctor was one o' them similia smilibus fellers, so he broke the other.”

WRONG DIAGNOSIS.—Tired Harry.—“Lady, could yer help a poor feller a little? I've got a hackin' cough an' a headache.”

Mrs. Kindlings.—“Well, I've got a little wood outside you could hack, and it might cure your headache.”

Tired Harry.—“Much obleeged, mum; but, yer see, my headache ain't of ther splittin' kind.”—*Puck*.

SAFE FROM ORDINARY MALADIES.—“You'd better go away. We've got the measles here,” said the woman at the kitchen door.

“Madam,” replied the tramp, seating himself on the step with great deliberation, “the only disease I am afraid of is appendicitis. I shall be obliged to ask you, madam,” he added, with dignity, “not to give me any cherry pie.”—*Chicago Tribune*.

A BOY'S ESSAY ON BREATH.—“Our breath is made of air. If it were not for our breath we would die. The breath keeps going through our liver, our lights, and our lungs. Boys shut up in a room all day should not breathe, they should wait until they get out of doors. Air in a room has carbonocide in it, and carbonocide is poisoner than mad dogs. Once some men was shut up in a black hole in India, a carbonocide got into that there hole and afore morning nearly every one was dead. Girls wear corsets which squeeze their diagrams too much. Girls cannot run and holler like boys, 'cause their diagrams are squeezed. If I was a girl I would just run and holler so my diagram would grow. That's all on breath.”—*Doctor's Weekly*.

THE
HOMŒOPATHIC PHYSICIAN,
A MONTHLY JOURNAL OF
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

Vol. XV.

FEBRUARY, 1895.

No. 2.

EDITORIAL.

AGGRAVATION FROM JARRING THE BED.—This symptom is the great characteristic of Belladonna. It was spoken of in the editorial upon Belladonna in the October number of this journal. It will be remembered that in that editorial was related a remarkable case of prostatitis where this symptom "cropped out," and on Belladonna being given the case was quickly and perfectly cured.

Similarly the editor had a case of hip-joint disease occurring in a young girl of twelve years.

Several remedies but indifferently indicated were given without much benefit. Inflammation proceeded, and suppuration was threatening, when the patient complained of the jarring of the bed and requested us to keep away from it. She referred the effects of the shock to the diseased hip. Here was an indication for Belladonna. It was given, the inflammation subsided, and without any further treatment the patient got perfectly well *without any deformity*. To insure against any error in diagnosis Dr. Malcolm Macfarlan, of Philadelphia, who has had a large experience in hip-joint cases, was called in at the beginning of the attack, and he gave the patient a most careful and thorough examination, after which he pronounced it an un-

doubted case of hip-joint disease. When the patient was cured Dr. Macfarlan was again consulted to verify the cure.

Within a few days the editor has had to treat a case of gall-stone colic. Several remedies as the indications for them were exhibited were given with considerable palliation, but no permanent relief. Finally the patient complained that jarring of the bed made the pains return. Belladonna was given, and was followed by quick and permanent relief. Many other cases of such maladies as headache and facial erysipelas have developed this same symptom—aggravation from the jarring of the bed—and in every such case the administration of Belladonna in a potency has been followed by prompt and permanent relief.

This symptom was first pointed out by the late Dr. Henry N. Guernsey, under whose direction the editor of this journal began the study of medicine. Having been sent, while a student, to attend a case, and having failed to give relief, Dr. Guernsey himself visited the patient and found this indication. He gave Belladonna and the suffering was at once relieved.

Dr. Guernsey collected together and verified a great number of these indications, which he called "key-notes."

To these Dr. Lippe added more, and so a very valuable armament has been furnished to the homœopathist for the conquest of disease. Every student, and indeed every practitioner, should commit every one of these "key-notes" to memory and have them at his finger-ends for immediate use.

Dr. Lippe was always fearful that the particular attention paid to these indications would lead the practitioner insensibly into the habit of prescribing upon one symptom, and thus bring about failure.

Dr. Guernsey thought that symptoms were disposed to form natural groupings; that if the "key-note" of a remedy were present the other symptoms would also be found under the same remedy. Dr. Hering did not agree to this assertion, and preferred to call them "characteristics," as being less misleading.

The reader is thus afforded a glimpse of an old controversy

between these three masters, well remembered by the old men of the school, but which has long since died out.

The great indications or "key-notes" of the remedies still remain, however, and are just as serviceable as ever. The occurrence of this one indication of "aggravation from jarring of the bed" in a case of hepatic calculus which the editor has been treating during the past week has stirred up in his mind the foregoing thoughts, which are herewith brought to the notice of the readers of this journal.

OUR SENIOR DOCTORS.

J. BAILEY SULLIVAN, M. D., VORONA, PA.

We see so few contributions in our medical journals from the pens of many widely-experienced practitioners of our own acquaintance—doctors whose varied and successful practice, if duly recorded in our medical literature, would serve as beacon lights for coming generations—that the question has often come to our mind, Why is this thus?

This seeming omission of professional zeal, in most cases, is, no doubt, due to want of time. As a matter of course, it cannot be expected that such physicians can afford to sit for hours writing lengthy articles, which, as a rule, are little read and less valued; but those busy doctors could easily find leisure—if inclination prompted—to pencil briefly a few lines, occasionally, regarding the *verification* of a certain drug which they found serviceable in some special case. Thus did the great fathers of Homœopathy in bygone days; thus was our *materia medica* gradually built up, enriched, and brought to its present state of comparative excellence; and were our distinguished seniors of today to do likewise they also would render the profession an enduring benefit, our medical journals would come to us laden with choice and miscellaneous bits of knowledge, and many of our local leading physicians may in the course of time acquire a national reputation, and have their names honorably chronicled in homœopathic bibliography.

REPERTORY OF SCARLET FEVER.*

EDWARD RUSHMORE, M. D., PLAINFIELD, N. J.

Mental anguish: aco. ars.

- answer, does not: hyo.
- — incorrect: ph-x.
- — short: ph-x.
- — slow: hyo.
- — and reluctant: ph-x.
- anxious: aco. ail. ars. ca-c. ch-a.
- before eruption: mer.
- and oppressed: ca-c.
- — restless: ars. mu-x.
- apathy: pho. ph-x.
- bed, will not stay in: cu-a. cup.
- bites at everything: cup.
- capricious: cap.
- cerebral affection with general prostration: ail.
- — disturbance with sopor, starting: sul.
- — irritation: aps. gel.
- coma: rhs.
- — at beginning: sul.
- confusion: am-c. ter.
- delirium: ail. aps. ars. aru. bap. bel. ca-x. ch-a. con. crt. cu-a. cup. gel. k-ar. lah. lch. mnc. opi. pho. phy. rhs. str. sul. zin.
- — active: bel.
- — alternates with coma: k-ar.
- — with desire to move: rhs.
- — in early stages: bel.
- — with open eyes: opi.
- — frightful: ail.
- — at intervals: ca-x.
- — loquacious: lah. lch. opi.
- — mild: ars. bap. rhs.
- — with moaning: ca-x.
- — muttering: ail. aps. crt. gel. lah. rhs.
- — — with drowsiness: ail. rhs.
- — — when sleeping: gel.
- — nightly: ch-a.
- — with sleeplessness: ail.
- — violent: cup.
- despondent: ipc.
- dullness, mental: lah.
- escape desire to: bel.
- excitable: aco. aru. hyo.
- excitement: gel.
- fear: aco.

Mental, fear of bed-clothes catching fire: cu-a. cup.

- — — — being injured: cu-a. cup.
- — — death: ars.
- — — every one: cu-a. cup.
- — — falling: cu-a. cup.
- — — house catching fire: cu-a.
- fretful: ca-c.
- fright: rhs.
- — on becoming conscious: cup.
- gloominess: am-c.
- hallucinations: str.
- — fearing bed-clothes would catch fire: cu-a. cup.
- — — house would catch fire: cu-a.
- illusions: hyo.
- — sees horrible things on closing eyes: bel.
- indifference: ail.
- insensibility: ant-t.
- — with muttering: ail.
- intoxication: gel. ter.
- irritable: aru. ca-c. mu-x.
- laughing, crying, singing in alternation: str.
- loquacity indistinct muttering: cup. hyo.
- memory weakened: cup.
- moaning: aps. ars. bel. hel.
- paralysis of brain: opi. zin.
- peevish: aco. aps.
- — on getting awake: lyc.
- recognize others, does not: ail.
- sadness: ipc.
- screams: bel. opi. sul.
- — from headache: ter.
- — piercing: aps.
- — shrill with altered voice: zin.
- — sudden: bry.
- semi-conscious: ail.
- senses over sensitive: aco. cap. pho.
- serenity: cam.
- solitude, adverse to: ph-x.
- sopor: cu-a. mer. rhs. sul.
- springs up in bed, or tries to: bel.
- starting: rhs.
- stupidity: hyo.
- stupor: ail. am-c. ars. bry. hel. lah. lyc. ph-x. str. ter. zin.

* For table of abbreviations of remedies see end of this article.

Mental, stupor at or before eruption :

- mu-x.
- talk, averse to: ph-x.
- unconsciousness: ail. aps. ca-c. con.
- hyo. mu-x. sul. zin.
- — with quiet: zin.
- weeping: am-c. ipc.
- whimpering: bel.
- whining: aps.
- **sensorium.**
- **vertigo:** ail.
- — on being raised: ail.
- — on rising: ail.

Head, aching: aco. ail. phy. ter.

- — with nose-bleed: ter.
- bent backward: bel.
- coldness, forehead: zin.
- congestion: bel. pho. mu-x. ve-v.
- fullness: ter.
- hair falling out: pho.
- hands, puts to head: bel.
- heat: arn. cin. lch.
- — hotter than other parts: bel.
- — of forehead, with hot sweat: cam.
- — — occiput greater than of forehead: zin.
- heaviness: lah.
- hydrocephalus: cup.
- inflammation, brain: hyo.
- — meninges: aps. bry.
- large, feels too: lch.
- motion, worse from: bry.
- pain, deep in: lah.
- paralysis, brain, imminent: zin.
- pressing: ter.
- — tearing in occiput: zin.
- pressure, worse from: lah.
- rolling: aps. bel. lah.
- sensitive to touch: cin. mer.
- shooting: hel. zin.
- — worse from stimulants: zin.
- — — stooping: hel.
- — better lying quiet, with closed eyes: hel.
- split, feels: lach.
- splitting pain: bry.
- sweat: mer.
- — cold on forehead: aco. zin.
- tearing, pressing in occiput: zin.
- throbbing, vertex: ch-s.
- vomiting, with headache: ter.
- warm head and breast, lower parts cold: arn.
- — wrapping relieves: hep.

Eyes, brilliant: lch.

- burning: mnc.
- — worse from closing lids: mnc.
- congested: ail.

Eyes, distorted: sul.

- eyeballs red: bel.
- — rotating: cup.
- eyelids puffed: ars.
- — lower, swollen: dig.
- fixed: zin.
- half-open: ca-c.
- heavy looking: gel.
- injected: bel.
- lachrymation burning: eup.
- photophobia: ail. eup. hyo.
- pupils dilated: ail. hel.
- — sluggish: ail. zin.
- — one contracted, other dilated: zin.
- red, dull: mu-x.
- rolling: cup. cu-a.
- shooting pains: zin.
- sight, bright blue look of everything in a distance: iod.
- — impaired: gel.
- — obscured: sec.
- staring or sparkling, red, prominent: hyo.
- strabismus: bry. hel.
- stupid: zin.
- suffused, heavy looking: gel.
- swimming as if intoxicated: rhs.
- turned back: lah.
- watery: ail.
- wild: bel.

Ears, bleeding from touching meatus: tel.

- bluish red: tel.
- boring pain: mr-f.
- — fingers in: cin.
- darting pains: mer.
- deafness: lyc. ni-x. pho. tel.
- — and purulent otorrhœa: lyc.
- exudation, watery: tel.
- glands below, inflamed: rhs.
- hot to touch: aco.
- inflamed middle ear: cap. sil.
- — — puts hands behind ears: sil.
- mastoid process inflamed: cap.
- meatus congested: bel.
- otalgia: bel. bov. kino. mer. pul.
- — left: pul.
- — right: bel.
- — paroxysmal: kino. mer.
- — pulsating: bel.
- — stinging: bel.
- — suppurating: bov. kino. mer.
- — worse at night: mer.
- otorrhœa acrid: bov.
- — as sequel: bov. ca-c. k-bi. kino. lyc. mer. pul. sil. sul. ter.

Ears, otorrhœa fetid : bov. k-bi. k-ph. tel.

- — profuse : ars. bov.
- — purulent : k-ph. lyc. tel.
- — thick : k-bi.
- — watery : ars. k-ph.
- — yellow : k-bi.
- pain : sil.
- — in left : k-bi.
- — in paroxysms : ars.
- — when swallowing : phy.
- — worse at night : mer.
- parotids, discharge acrid : lah.
- — — thin : lah.
- — — watery : lah.
- — induration : mr-f.
- — inflamed : ca-c.
- — left, hard : bro.
- — — inflamed : rhs.
- — — purplish : lah.
- — swollen : ail. am-c. ars. arn. ba-c.
- — — bro. k-bi. k-ph. lah. mer. ni-x.
- — — hard : am-c. con.
- — — with headache : ars.
- — — left worse : arn.
- — — then right, breaking, deep cavity : rhs.
- — — — : bro. rhs.
- — — right : am-c. k-ca.
- — suppurating : ars. lach. rhus. sil.
- — — left : bro.
- — tender : ail. ba-c. mer.
- pulsating, left ear : pul.
- — right ear : bel.
- puts hands behind ear : sil.
- red : aco.
- sensitive : aco.
- shining : tel.
- shooting pains : phy.
- stinging, left ear : pul.
- — right ear : bel.
- suppuration with eruption on skin : ars.
- — ichorous : ca-c.
- — malignant : ca-c.
- — repeated : kino.
- swollen : aco. tel.
- tearing pain : mer.
- tympanum congested : bel.
- — soggy, as if from pus : mer.
- — swollen : hep. mer.
- — ulcerated : k-ph.
- vesicles on : tel.

Nose, bleeding : arn. lah. ph-x. ter.

- — dark blood : ni-x.
- — in morning : bry.
- — at night : rhs.
- — in sleep : bry.
- — worse when coughing : arn.

Nose, cramp-like pain at root : zin.

- coryza : phy.
- — bland : eup.
- — profuse : eup. pho.
- discharge acrid : ca-c. merc. phy. rhs.
- — — fluid : mu-x.
- — bloody : ail. aps.
- — fetid : aps. k-ph. ni-x.
- — excoriating : ail. aru. mu-x. ni-x. phy.
- — ichorous : ail. aru. cep. lah. lyc. rhs.
- — — when singing : cep.
- — profuse : ail. aru. cep. ni-x.
- — purulent : cep. mu-x. ni-x.
- — commences right side : lyc.
- — sanious : k-pm.
- — stringy : k-bi. sul.
- — thick : aps. rhs.
- — thin : cep. ni-x.
- — trickling from : sul.
- — tough : k-bi.
- — watery at night : ni-x.
- — white : aps.
- — yellow : ni-x. rhs. sul.
- dry : aps. sul.
- feels stopped : arn.
- inflammation, croupy in : hep.
- mucus in, dry : lah.
- — stringy : cub.
- — thick : cap.
- nostrils congested : ail.
- painful : sul.
- picking at nose : aru.
- posterior nares, mucus in : cnb. sul.
- pressure at the root of : cnb.
- raw : aru.
- sneezing : cap.
- sore : aru. ca-c. ni-x.
- stopped up : am-c. aps. ca-c. ca-x. cap. lyc. ni-x. sul.
- — especially at night : am-c.
- — with or without profuse yellow discharge : aru.
- swollen internally : ca-x.
- — : sul.
- ulcers in : sul.

Face, bloated : aru. lyc. sul. zin.

- — without eruption : ca-c.
- bluish : ant-t.
- burning : bap. cap.
- cachectic : ca-c.
- changeable : cam.
- cheeks red circumscribed : lch.
- — — not hot, alternating with paleness : cap.
- dark as mahogany : ail.

Face, distorted : cu-a. sul. zin.

- — mouth and all flexor muscles : cup.
- — distressed : aco.
- — dusky red : ca-x.
- — flushed : lah.
- — hippocratic : cam.
- — hot : ail. cam.
- — hotter than other parts : cap.
- — livid : k-ph.
- — œdematous : lyc.
- — like little bags between brows and upper lids : k-ca.
- — pale : ca-c. cam. lyc.
- — and bloated without eruption : ca-c.
- — — puffed : bel. hel.
- — — red alternately : bry.
- — — white : zin.
- — — streak in middle : cin.
- — purple : ant-t. cam. cup.
- — red : ail. cam. cup. mer. opi. sul. zin.
- — — bright : mu-x.
- — — crimson : bry. gel.
- — — flush in all positions : gel.
- — — dark : mu-x.
- — — dusky : ca-x.
- — — fiery : bel.
- — — hot : ail.
- — — and mottled alternately : cap.
- — — becomes pale on arising : aco.
- — — shining with white circles about mouth : sul.
- — — sudden with coma : mu-x.
- — — sallow : ch-v.
- — — scales around mouth : aru.
- — — shining : sul.
- — — staring expression : cam. hel.
- — — startled expression when aroused : ail.
- — — stupid : ph-x.
- — — sunken : cb-v. k-ph. zin.
- — — sweat cold, forehead : aco.
- — — hot on forehead : cam.
- — — with cold extremities : cam.
- — — swollen between brows and lids : k-ca.
- — — swollen : mer. opi.
- — — turgid : lah.
- — — white : zin.
- — — circles around mouth : ca-x.
- — — — — with red face : sul.
- — — wild expression : cam.

Lower Face, lips black : ars. ca-x. lah.

- — — crust on : con.
- — — bleeding : aru.
- — — bloody : ars.
- — — burning : cap.

Lower Face, cracked : ail. aru. bry. cap. ca-x.

- — — and corners of mouth : aru.
- — — dry : ars. bry. ca-x.
- — — painful : ca-x.
- — — raw : aru.
- — — upper : aru.
- — — smarting : cap.
- — — sordes on : bap. pho.
- — — sore : ni-x.
- — — — upper : aru.
- — — swollen : cap.
- — — — upper : ni-x.
- — — jaw, caries of : au-m.
- — — locked : cam. hyo.
- — — submaxillary glands hard : con.
- — — swollen : aru. ba-c. hep. mer. ni-x. tri.
- — — under chin hard : anth.
- — — — — painful : anth.
- — — — — swollen : anth.
- — — ulcers below mouth : lah.
- — — corners mouth : ni-x. sul.

Teeth, black crust on : con.

- — brown slime on : ail.
- — clinched : cup.
- — grating : cup. hel. zin.
- — gums bleeding and swollen dark red : ni-x.
- — — inflamed : mu-x.
- — — shooting pains : zin.
- — — sordes on : ail. bap.

Tongue, black : ca-x.

- — blisters cover : aps.
- — brown : bry. crt.
- — — centre, coated yellowish : bap.
- — — sides coated, centre dry : phy.
- — — tip : mer.
- — — burning vesicles : cap.
- — — centre coated thickly : ca-x.
- — — — yellowish brown : bap.
- — — clean at tip : mer.
- — — coated brown on sides, centre dry : phy.
- — — — dirty yellow : mer.
- — — — thickly in centre, afterward glossy red : ca-x.
- — — yellowish brown in centre : bap.
- — — white : ail.
- — — cracked : ail. bap. sul.
- — — dry and red : ni-x. sul.
- — — desquamation : mu-x.
- — — dirty white : dig.
- — — — yellow clean at tip : mer.
- — — — coated : mer.
- — — — at root : lah.
- — — dry : ail. aps. bap. crt. lah. mer. pho. sul.

Tongue, dry and brownish: bry.
 — — in centresides coated brown: phy.
 — — red and cracked: ni-x. sul.
 — — without thirst: cap. lyc.
 — edges livid: ail.
 — — red: bap. bel.
 — — shining: bap.
 — hangs out of mouth, swollen: str.
 — hard: pho.
 — livid edges: ail.
 — — tip: ail.
 — mapped: lah.
 — moist: ail.
 — mucus brownish, covering: sul.
 — — drying on: lah.
 — papillæ raised: lah. mer.
 — — red: bap. mer.
 — paralysis of: str.
 — parched: ail.
 — patchy: lah.
 — red: rhs. sul.
 — — deep, covered blisters, ulcerated, stinging: aps.
 — — dry and cracked: ni-x. sul.
 — — edges: bap. bel.
 — — papillæ: bap. mer.
 — — — raised: arn. bel. mer.
 — — raw glistening: k-bi.
 — — smooth: rhs.
 — — tip: phy. rhs.
 — root dirty yellow: lah.
 — — yellow: phy.
 — shining edges: bap.
 — sides coated brown, centre dry: phy.
 — smooth: rhs.
 — sore: bap.
 — stinging: aps.
 — strawberry: lah.
 — swollen: aps. aru. sul.
 — — hangs out of mouth: str.
 — tip clean: mer.
 — — livid: ail.
 — ulcers on: aps. bap. lah. ni-x.
 — vesicles burning: cap.
 — white: bel.
 — yellowish brown coated in centre: bap.
 — yellow dirty coated: mer.
 — — — clean tip: mer.
 — — — root: lah.
 — — root: phy.

Mouth, aphthous: ca-c. mu-x.

— black: ca-x.
 — bleeding: lah.
 — burning: aru.
 — deposits yellowish grayish: mu-x.
 — dry: am-c. nx-m.
 — — and red: hyo.

Mouth, dry without thirst: aps. lyc.

— exfoliation: sul.
 — froth at: cup.
 — — bloody: str.
 — odor fetid: bap. ca-x. ch-a. k-ph.
 — offensive: ca-x. merc. mu-x. ni-x.
 — — — like old cheese: k-ca.
 — open: hyo. lah.
 — — to breathe: am-c.
 — red: bel.
 — saliva copious: cap. k-pm. lah. mer sul.
 — — — excoriating: aru. ni-x.
 — — fetid: ars. cap.
 — — slimy: ars.
 — — sticky: am-c. cap. lah.
 — — thick: ars.
 — — watery: ni-x.
 — sordes: ca-x.
 — sore: aru. mer.
 — — relieved by milk: aru.
 — — patches: sul.
 — speech imperfect: nx-m.
 — ulcers: ca-x. mer. mu-x. ni-x.
 — — dark base: mu-x.
 — — deep: mu-x.
 — — sloughing: mer.
 — vesicles: mer. sul.
 — — burning: cap. sul.
 — — on roof: sul.
 — — white patches in: sul.

Throat, aphtæ: mu-x.

— brownish: lyc.
 — burning: cap. bel.
 — — pain: am-c.
 — — on swallowing: aco.
 — constricted: hyo. mrc.
 — constriction: cap.
 — dark colored: ail.
 — — red: bap. bel.
 — diphtheritic: ca-x. ch-a. cnb. lyc. mcy. mr-f. ni-x. su-x.
 — — inflammation: arn. ca-x. k-bi. lah. lyc. phy. mu-x.
 — — — beginning left side: lah.
 — — — extending to nose, with profuse thin purulent discharge: ni-x.
 — — patches on tonsils: aps. mu-x.
 — discharge ichorous: lah.
 — drinking, frequent: str.
 — — impossible: bel. hyo.
 — — liquids return through nose: bel. ca-x. mer.
 — dry: am-c. ars. ba-c. lah. lch. mu-x. str.
 — — with drinking of tea: str.
 — — with pressing, stinging on swallowing: ba-c.

Throat, dry and red: hys.

- ears, when swallowing, pains extending to: gel.
- eruptions in: ars.
- esophagus paralysis: hy-x.
- eustachian tube, piercing pain: k-pm.
- fauces, bluish dark aphthæ: ca-c. mu-c.
- — bluish red: mr-f.
- — dark red: ni-x. rhs.
- — diffusely red, feels full: gel.
- — fiery red and swollen: ca-x.
- — inflamed: bel.
- — œdematous: rhs.
- — purplish: mu-x.
- — swollen: bel.
- — — inside and outside: ca-x.
- — ulcerated: bap. mr-f.
- fiery red: ca-x.
- fullness, sense of: gel.
- gangrenous: k-ph. mu-x.
- gurgling of fluid: hy-x.
- hawking: mer.
- inflamed: ca-c. cap. lyc. mu-x.
- livid: ail. ars. aru.
- membrane ash-colored: phy.
- — dark: ni-x.
- — offensive: ni-x.
- — yellowish white: ni-x.
- mucus bloody: lyc.
- — blood-streaked, tenacious: k-pm.
- — covering in: hep.
- — hawked up: aru. k-bi. lyc.
- — tough, stringy: k-bi.
- nasal, mucus in: aru.
- pain: ca-c. k-pm.
- — extends to ears: aco.
- — — — when swallowing: gel.
- — — — left ear: lah.
- palate, pressure painful on swallowing: cap.
- pale: ba-c.
- paralyzed: lah.
- pressing in: ba-c.
- pricking in: lch.
- puffed: aps.
- putrid: ars. aru. cb-v. ni-x.
- red: bel. cap. gel. m-cy.
- — dark: aco. am-c. bap. bel. rhs.
- — and dry: hys.
- roughness in: cap. lch.
- sloughing: cb-v. mu-x.
- smarting: cap.
- sore: ars. aru. ca-c. cap. cb-v. lah. mnc.
- soreness intense: mr-f. ni-x.
- — relieved by milk: aru.

Throat, spasms: bel.

- sticking on swallowing: aco.
 - stinging in: ba-c. bel. mer.
 - stitches in: bel. hep. lyc.
 - — like splinter in: hep.
 - swallowing difficult: anth. ca-c. k-pm. lah. mer. m-cy. pho.
 - — impossible: aps. mnc.
 - — painful: ba-c. lch. lyc. mer. sul.
 - swelling sense of: gel.
 - swollen: ail. am-c. cap. ca-x. cnb. crt. k-pm. mu-x.
 - tickling in: cap.
 - tonsils aphthous: ca-c.
 - — bluish: am-c.
 - — diphtheritic patches on: aps. mu-x.
 - — hard and swollen: aps. mr-f.
 - — inflamed: ba-c. bap. mu-x.
 - — offensive muco-pus on: am-c.
 - — pale: ba-c.
 - — red: gel.
 - — red and swollen: gel.
 - — suppurating: ba c.
 - — swollen: ail. am-c. aps. aru. ba-c. cnb. gel. mu-x. ni-x.
 - — — and hard: aps. mr-f.
 - — — and red: gel.
 - — ulcerated: ail. lyc. mer.
 - — — dark: bap. mu-x.
 - — — first right, then left: lyc.
 - — — gangrenous: am-c.
 - — — putrid: bap.
 - ulcerated: ail. iod. mer. mu-x.
 - — diphtheritic: bap.
 - — putrid: am-c.
 - ulcers, deep: aru.
 - — fetid: ail.
 - — putrid: aru.
 - uvula, deposit on: mu-x.
 - — œdema of: aps. ars. hy-x. k-ph. m-cy. mu-x. na-a.
 - — red: sul.
 - — swollen: sul.
 - vapor hot: cam.
 - whitish deposit: cap.
- Appetite, acids, thirst for: ars.**
- appetite lost: ipc.
 - cold drinks, thirst for: ars.
 - drinks much and hastily: bry. sul. ter.
 - — often: str.
 - eggs boiled, desire for: ca-c.
 - milk, desire for: aru.
 - refuses drink: aps.
 - — food: aps.
 - taste salt: hyo.
 - — bitter: ars.

Appetite, thirst: aco. ail. anth. bry.
lch. str. sul. ter.

— — drinking much and hastily: bry.
sul. ter.

— — — often: str.

— — excessive: bry. mer. rhs.

— — for acids: ars.

— — — cold drinks: ars.

— — none: aps.

— — violent: bel. crt. hel.

— — water, dread of: bel.

Nausea and Vomiting, gagging: aco.

— nausea: aps. ba-m. bap. ipc.

— — from drinking: ter.

— retching: aco.

— vomiting: aco. ail. aps. ars. ba-m.

bap. bel. cu-a. cup. ipc. ni-x. opi.
rhs. ter.

— — of bile: crt.

— — — blood: aco. crt.

— — brown: ars.

— — drink: ars.

— — drinking, causes: ter.

— — with dyspnœa: ipc.

— — excessive: am-c.

— — food: ni-x.

— — — or drink: ars.

— — with loss of breath: aco.

— — — pain in stomach: aco.

— — violent: ail.

— — of yellow mucus: ter.

Stomach, distress: ni x.

— faintness in pit: dig.

— pain sudden: aco.

— — violent: aco.

— pit sore to touch: aps.

— sensitive: cam.

— sinking: hy-x.

— — in pit: dig.

— uneasiness: ni-x.

Abdomen, ascites: lyc. mer. ter.

— — and anasarca: mer.

— colic: ba-m.

— — with costiveness: lyc.

— — during desquamation: lyc.

— cutting: mer.

— distention: aco. ba-m. bry. dig. hyo.

— — gurgling: ph-x.

— — tympanitic: hyo.

— groin, sore, moist places in: aru.

— hot to touch: lah.

— meteorism: ph-x.

— sensitive: cam.

— sore, moist places in groin: aru.

— — to touch: aps.

— tympanitic: ca-x.

— worms: ba-m.

Stool, blackish: cam.

Stool, constipation: bry. lyc. rhs. sul.

— diarrhœa: ars. hel. hyo. mer. pho.
sul.

— — every hour: ca-x.

— — early morning worse: sul.

— — involuntary: ph-x. sul.

— — — and urine involuntary: zin.

— — — watery, unnoticed: hyo.

— — painless, watery, grayish: ph-x.

— — stringy and bloody: aps.

— — worse in morning: sul.

— dysenteric: bap.

— foetid: ail. ars. lah. ni-x.

— gelatinous mucus: hel.

— involuntary: am-c. cam. hy-x. mu-x.
ph-x. sul.

— — when urinating: ail.

— rectum bleeding: lah.

— thin: ail.

— unnoticed: mu-x.

— watery: ail.

Urine, abundant: aru. mr-f. phy.

— albuminous: ca-x. crt. hel. hep. k-ar.
lyc. mr-c. phy. ter.

— — bloody: aps. col. lyc. sec. ter.

— black: dig. hel. lah. mr-c.

— — cloudy: hel.

— — sediment: lah.

— — thick: sec.

— bladder region pain: phy.

— — — before micturition: phy.

— — — during micturition: phy.

— bloody: ars. col. crt. hel. mr-c. sec.
ter. zin.

— — albuminous: aps. col. lyc. sec.
ter.

— — almost like ink: col.

— brownish: mr-c.

— casts in sediment: mr-c.

— cloudy, black: hel.

— coffee grounds, like: lah.

— — — sediment: hel. ter.

— dark: ars. bap. crt. lyc. mr-f.

— difficult micturition: ars.

— dirty red, scanty: aps.

— foetid: ni-x.

— frequent micturition: aps. dig.
mu-x.

— grayish sediment: mr-c.

— greenish: ca-x.

— — scanty: ter.

— high-colored: ca-x.

— ineffectual urging: rhs.

— inky, bloody: col.

— involuntary micturition: am-c. cin.
hy-x. mu x. pho. zin.

— kidney inflamed: col.

— micturition difficult: ars.

Urine, micturition frequent: aps. dig. mu-x.

- — involuntary: see above.
- — painful: aps. phy.
- milky: mu-x.
- nephritis: aps. ars. as-s. eth. cch. dig. hel. hep. lah. mr-c. str. ter.
- painful micturition: aps. phy.
- — urging: rhs.
- pale: aru. sec.
- profuse: mu-x. ter.
- red: lyc. mu-x.
- — dirty, scanty: aps.
- — sand: lyc.
- retained: sec.
- scalding: bap.
- scanty: aps. aru. ca-c. ca-x. crt. dig. hel. hep. lah. lyc. mr-c. mu-x. phy. rhus. ter. zin.
- — dirty red: aps.
- — greenish: ter.
- — red: ca-x.
- sediment black: lah.
- — like coffee grounds: hel. ter.
- — casts in: mr-c.
- — grayish: mr-c.
- — mucus in: mr-c.
- — red sand: lyc.
- smoky: ca-x. crt. ter.
- sweet smelling: ter.
- strangury: lyc.
- suppressed: aps. aru. ca-c. m-cy. phy. str.
- thick, black: sec.
- turbid: mr-c. ter.
- urging to urinate, ineffectual: rhs.
- — — painful: rhs.
- unnoticed: mu-x.
- violet: mu-x.

Genitals, inflamed and sore: mer.

- œdema of penis and scrotum: rhs.
- scrotum swollen: lah.
- swelling, dropsical: aps.

Voice, respiration, cough, chest, anasarca and œdema: dig.

- aphasia: lah. pho. zin.
- aphonia: lah. mr-f.
- breath cold: ch-v.
- — hot: ca-c. cam.
- — intermittent: ni-c.
- — putrid: ba-c. ni-c.
- — rattling in throat: cam. cb-v. lyc.
- — — in chest: sng.
- chest congested: bry.
- — constriction: ipc.
- — dropsy of: lah.
- — faint rattling in: sul.
- — — oppressed: mer.

Voice, chest scarlet eruption: cap.

- — spasms: cup.
- — symptoms prevail: pho.
- — weight on: bry.
- cough, begins afternoon: nx-m.
- — ceases on sitting up in bed: hyo.
- — constant: dig.
- — croupy: k-bi.
- — by day only: eup.
- — dry: aru. nx-m.
- — feeble: sng.
- — hacking: cap. dig.
- — irritating: nx-m.
- — loose: sng.
- — at night: ni-x. nx-m.
- — painful: aru.
- — with putting hand to throat: arn.
- — spasmodic: ars.
- — troublesome: bry.
- dyspnoea: ars. ca-c. dig. hel. ipc. lah.
- — with anxiety: hel.
- — better when lying down: hel.
- — with restlessness: ars.
- — expectoration, blood: aru.
- — scanty: sng.
- hoarseness: aru. cap. mr-f.
- hydro-thorax: lah. sng.
- larynx, constriction: aps.
- — pain: aru.
- lungs, œdema of: k-ar.
- — paralysis of, imminent: ca-c.
- œdema and anasarca: dig.
- — of lungs: k-ar.
- orthopnoea: aps.
- paralysis of lungs imminent: ca-c.
- — trachea: hyo.
- pleuritis: bry.
- pressing pain in front of chest worse from deep breathing: nx-m.
- respiration anxious: bry.
- — convulsive: hy-x.
- — difficult: aco. ant-t. aps. bry. ca-x. cam.
- — — with sense of constricted throat: cam.
- — faint: hy-x.
- — gasping: hel.
- — — stoppage: aco.
- — groaning: mu-x.
- — heavy: ail.
- — irregular: ail.
- — oppressed: bap. sng.
- — painful: bry.
- — quick and short: mer. zin.
- — rapid: aco. ail.
- — rattling: an-t. ca-c. hyo. str.
- — short: nx-m.
- — — and quick: mer. zin.

Voice, respiration, sighing: ipc.

- — — groaning: mu-x.
- — — sobbing: mu-x.
- — — sterterous: am-c. opi.
- speech difficult: hyo.
- suffocating on touching pharynx: bel.
- suffocating on turning head: bel.
- trachea paralyzed: hyo.
- — rattling: ca-c.
- voice altered: zin.
- voice lost, hoarse, can hardly lisp: mr-f.
- wheezing: ars.

Heart, Pulse, Circulation:

- carotids throbbing: bel.
- circulation excited: ve-v.
- — torpid: lah.
- heart action weak: hy-x.
- — beat violent: anth.
- — dropsy: lah.
- — palpitation: cof.

Pulse, changing character: aps.

- feeble: ail. gel. hy-x. mu-x. pho. ph-x. zin.
- frequent: aco. ail. anth. ars. aru. bel. ca-x. cup. dig. gel. hy-x. lah. pho. ph-x. sul. ver. zin.
- — at night: mu-x.
- full: aco. aru.
- hard: aco. aru. sul.
- imperceptible: gel.
- intermitting: mu-x. ni-x. ph-x.
- — regularly: mu-x.
- irregular: ail. aps. hy-x.
- quick: aco. ail. anth. ars. aru. bel. ca-x. cup. dig. gel. hy-x. lah. mu-x. pho. ph-x. sul. ver. zin.
- — 160 per minute: ca-x.
- scarcely countable: ail. zin.
- slow: aps.
- — by day: mu-x.
- small: ail. anth. ars. bel. bry. cup. dig. hy-x. lah. sul. ver. zin.
- soft: gels.
- threadlike: aco. gel. zin.
- weak: ail. gel.

Back and Neck:

- backache: rhs.
- carotids throbbing: bel.
- coccyx, sore moist places on: aru.
- glands neck hard: am-c. mr-f.
- — — swollen: aco. am-c. aru. bel. ca-c. ca-x. iod. k-pm. lah. m-cy. mer. rhs.
- — — — and suppurating: iod. lah.
- — — under chin hard: anth.
- — — painful: anth.

Back and Neck:

- under chin swollen: anth.
 - infiltration of cellular tissue about neck: ail.
 - lumbar region pain: ter.
- Neck** drawn to one side: leh.
- erysipelalous: aps. rhs.
 - inflamed: rhs.
 - painful: aco.
 - — in nape: lyc.
 - — — — when bending or turning head: lyc.
 - scarlet eruptions on: cap.
 - sensitive: ail. lah.
 - — to touch: lah.
 - sore: aco.
 - stiff: leh.
 - swelling on: ca-c.
 - swollen: ail. am-c. aps. au-m. ba-c. rhs.
 - twisted: au-m.

Limbs. Arms pain, elbow to fingers: phy.

- blue feet: mu-x.
- bluish spots on parts laid on: ph-x.
- distortion flexor muscles: cup.
- extremities cold: ca-c. cam. cb-v. cup. gel. hy-x.
- — purple: cam.
- feet blue: mu-x.
- — and hands burning hot, cannot keep them covered: phy.
- — — hot when complaining of chilliness: aps.
- — motion constant: zin.
- — sweat cold on: mu-x.
- — swollen: lyc.
- grasping at imaginary object: str.
- hands, cold: ars.
- — — and blue at night: pho.
- — — and feet burning hot, cannot keep them covered: phy.
- — — — hot when complaining of chilliness: aps.
- — — to head involuntary: bel.
- — — swollen: lyc.
- — — right: dig.
- joints painful: ba-m.
- legs cold: aps.
- — dropsical: dig. rhs.
- — pain knees to toes: phy.
- cold: aco. ars.; icy cold: zin.
- — and purple: cam.
- pain in: anth. phy. rhs.
- swollen: ba-m.
- — trembling: aps. zin.
- — twitching: ca-x. zin.
- motion of feet constant: zin.

Limbs, motion worse from touch and motion: phy.

- rheumatism in joints: rhs.
- subsultus tendinum: k-ar.
- sweat cold on feet: mu-x.
- trembling arms and hands: str.
- — — especially right: str.
- limbs: aps. zin.
- twitching hands and limbs: ca-x.
- single limbs and jerks whole body: zin.

Sleep and Dreams:

- comatose: lyc.
- drowsy: ail. am-c. ant-t. aps. bel. crt. gel. hyo. lah. lyc. mu-x. nx-m. opi. rhs. ter.
- — and restless: ail. rhs.
- — sleeping most of the time: aps.
- — yet cannot sleep: aps. bel.
- — with heat: gel.
- — — twitching: ant-t.
- restless: aco. aps. ars. cup. mu-x. rhs.
- — tossing about: cup. ter.
- — uncovering constantly: mu-x.
- sleep disturbed by heart beat: am-c.
- — — pain in ears: sil.
- — heavy: lah.
- — half awake: gel.
- — restless: bel. ca-x.
- — walking in: bel.
- — with cries: zin.
- — — chewing motion: bel.
- — — eyes half open: bry. ca-x. ipc.
- — — grinding of teeth: bel.
- — — groaning: ipc.
- — — moaning: ipc.
- — — twitching of muscles: bel.
- sleepless: aco. aru. hyo. ipc.
- — from earache: sil.
- — and nervous: coff. hyo. ve-v.
- — — restless: aco. phy.
- snoring: opi.
- sopor: ail. cup. opi. pho.
- waking, fearful on: bel. cup.
- — fright on: lyc. zin.
- — frequent: ter.
- — irritable on: lyc.
- — violent on: bel. lyc.

Fever:

- calor mordax: bel.
- chilliness: gel.
- — with hot hands and feet: aps.
- chill and heat alternately: am-c.
- — — mingled: bry.
- — more than heat: mu-x.
- — without thirst: mu-x.
- cold and dry surface: ail.
- — feet: gel.

Fever:

- cold hands: gel. zin.
- — surface internal heat: ars.
- coldness: bry. cam. lch. m-cy. ver.
- — extremities alternating with heat: ver.
- — predominant: bry.
- cool body: zin.
- — in some, hot in other places: aps.
- and restlessness: k-ca.
- continued: bap.
- high: aco. ch-a. gel. ka-m. rhs. ve-v.
- low grade: lah.
- slow: ca-c.
- worse afternoon: lah.
- — evening: ipc.
- — morning: ca-c.
- — night: sil.
- — toward night: ipc.
- heat: aco.
- — burning: mer. mu-x. rhs. sul.
- — — gradually growing cool: aps.
- — — which compels to move: pho.
- — dry congested skin: aco.
- — flashes: sul.
- — in different parts compelling to change position: pho.
- — in short attacks: arn.
- — in some parts, cool in others: aps.
- — in upper, cold in lower parts: arn.
- — internal, cold external: ars.
- — with languor and drowsiness: gel.
- sweat and exhalation fetid: ni-x.
- — appears and dries up alternately: aps.
- — cold: arn. ars. cb-v. lah.
- — — and sticky: ca-v.
- — — on forehead: aco. zin.
- — continuous day and night: am-c.
- — offensive: arn.
- — profuse and sticky: ph-x.
- — sour: arn.
- — with anxiety: aco.

Skin, bed sores: cl-h.

- boils: arn. sil.
- desquamation: k-ph. rhs.
- — delayed: lah.
- — repeated: aru.
- ecchymosis: arn.
- eczema: ars.
- gangrene: ars.
- hæmorrhagic exudations: anth.
- bleeding: crt.
- bluish: zin.
- brown paper, feels like: phy.
- burning hot: aco. aps. bel. lah. ni-x.

Skin, burning after scratching: sul.
 — — to touch: bel.
 — cold: cam. lah. sul. zin.
 — cool to touch: ail. ant-t.
 — dry: aco. ail. ca-x. crt. k-ca. lah. str. sul.
 — — without heat: ail.
 — flabby: zin.
 — harsh: ail.
 — hot: aco. ail. con. str. sul.
 — — burning: aco. aps. bel. lah. ni-x.
 — — and moist alternately: mer.
 — itching: aru. mer. str. sul.
 — — worse after sweat: mer.
 — livid: bel. zin.
 — — returning slowly when pressed: ail.
 — moist: lch.
 — — and hot alternately: mer.
 — pale: ant-t. bel.
 — — long after pressure: lah.
 — pallor: ch-a.
 — red, bright: sul.
 — — like boiled lobster: mu-x.
 — redness rapidly spreading: mu-x.
 — scurfy: ca-x.
 — shriveled: cam. phy.
 — sticky: lch.
 — stinging: aps.
 — tingling: sul.
 — waxy: ars.
 — eruption, all over: k-ar.
 — — much itching and restlessness: aru.
 — as if would break out: lch.
 — becomes pale: ars. lyc.
 — bluish: lah. sul.
 — — — dark: ail.
 — — red all over: zin.
 — — spots: mu-x. su-x.
 — — — on parts lain on: ph-x.
 — bright at first, soon becomes purple: sul.
 — — red: sul.
 — brown: ail. cam. zin.
 — coalescent: sul.
 — copper color: str.
 — dark: aru. rhs. zin.
 — delaying: ail. ars. bry. phy. rhs. ter. zin.
 — — vomiting, diarrhœa, oppression, anxiety: ipc.
 — dry, looks shriveled: phy.
 — ecchymosed spots: ph-x.
 — efflorescent: sul.
 — elevated: mer.
 — face and forehead, more on: ail.
 — — wanting on: ca-c.

Skin, faint: am-c. sul.
 — hard: aps.
 — inflamed edge: rhs.
 — — intense and rapid, complete with sopor: mu-x. sul.
 — irregular: ail. mu-x.
 — itching, violent: am-c. aru. ipc. rhs.
 — livid, interspersed petechiæ: ars. mu-x.
 — — returning slowly after pressure: ail. hy-x.
 — measles-like: k-bi.
 — miliary: aco. ail. am-c. aps. ba-c. bry. ca-c. lah. ni-x. rhs.
 — — at beginning: rhs.
 — — dark: aco. rhs.
 — — in patches, with dark, almost livid color: ail.
 — — interspersed: aps.
 — — vesicles over whole body: ca-x.
 — opaque, dingy patches between: ail.
 — pale, becomes: ars. lyc.
 — papillary: mer.
 — patches, in: arn. ca-x. sul.
 — — — with pale borders: sul.
 — petechiæ: ail. hy-x.
 — pointed: aps.
 — prolonged: am-c.
 — profuse on forehead and face: ail.
 — purplish: lah. mu-x. zin.
 — — later stage: lah. sul.
 — red, dark: ca-x.
 — — — blotches hands, back, face, secondary: lyc.
 — — deep: aps.
 — — dusk: ca-x.
 — receding: ant-t. aps. bry. ca-c. cam. cu-a. cup. gel. pho. str. zin.
 — — with all viscera threatened: gel.
 — — — convulsions: ant-t. cup.
 — — — suppressed urine: str.
 — rough: aco.
 — scanty: ail. bry. mu-x. zin.
 — — with interspersed petechia: ars. mu-x.
 — scarlet: bel. cap.
 — secondary: lyc.
 — sharp: aps.
 — smooth: bel.
 — spots, in: mer.
 — suppressed: ant-t. aps. cam. cup. hyo. ipc.
 — tardy: ail. ars. bry. ca-c. ipc. ka-m. lah. sul.
 — — see delaving.
 — upper half body: am-c.
 — vesicular: rhs.
 — vesiculæ, interspersed with: ail.

Skin, wanting: bel.

— — on face: ca-c.

— — with very sore throat: cup.

Generalities, abscesses: lah. sil.

— adanymic state: ail.

— air, desire for: cb-v.

— anasarca: aps. ars. bry. ca-c. cch.

— crt. dig. hel. hep. lah. ter. ve-v.

— — more of upper parts: ter.

— — skin pale waxen: aps.

— — — erysipelalous: aps.

— — sudden: ter.

— — with eruption like nettle rash: aps.

— — — inflammation: ve-v.

— — — lumbar pain: ter.

— boils: arn. sil.

— cold ameliorates: aps.

— collapse: crt.

— convulsions: ant-t. ars. crt. cup. gel. hep. str. ter. zin.

— — alternates with stupor: ars. zin.

— — from bright things: str.

— — with boring head into pillow: cup.

— — — dilated pupils: ter.

— — — jerking of limbs: str.

— — — screaming: cup.

— — — sleeplessness: ter.

— — — spasms of flexors: cup.

— — — thumbs clenched in palms: cup.

— debility: ail. anth.

— depression: anth.

— distress: aco.

— dwarfish children: ba-c.

— emaciation: ars. rhs.

— exhaustion: ail. aps. ars. ba-c. bap. bry. ca-c. cam. cb-v. ch-a. ert. gel. hel. k-ph. lah. mu-x. ni-x. rhs.

— — extreme: mu-x.

— — rapid: ch-a.

— fainting: m-cy.

— — long spells: hy-x.

— faintness: k-ph.

— fanned, wants to be: cb-v.

— flying pains: phy.

— glands cold indurations: lc-c.

— — indurations: sil.

— — inflamed: phy.

— — suppurating: iod.

— — swollen: dig. iod. ka-m. lc-c. lyc. mer. phy. rhs. sil.

— hæmorrhagic: crt. lah.

— — blood dark: lah.

— — — decomposed: lah.

Generalities, hæmorrhagic, blood fluid: lah.

— heat aggravates: aps.

— indurations: anth.

— jerkings: zin.

— jumps: sul.

— languor: ca-c. gel. ter.

— lethargy: sul.

— lies on back: lah.

— lie down, desire to: mr-f.

— lie still, desire to: bry.

— motionless: ant-t.

— pains, burning: cam.

— — intermittent: ter.

— — lancinating: bry.

— — — worse moving: bry.

— paralyzed: ant-t. gel.

— rest, worse from: mr-f.

— restlessness: aco. ail. anth. aps. ars.

— aru. ca-c. ca-x. cu-a. ipc. k-ca. lah.

— mer. mu-x. nx-m. phy. rhs. str. zin.

— restless, except feet: mu-x.

— — more after midnight: rhs.

— — tossing: ipc.

— — worse after sweat: mer.

— rheumatism: ve-v.

— — joints: rhs.

— — — worse after rest: rhs.

— scrofulous: ba-c. ca-c. dig. lc-c. sil.

— sepsis: cb-v.

— sit up straight, must: aco.

— sliding down in bed: mu-x.

— spasms: cu-a. lah.

— — of flexors: cu-a.

— — motion of feet between: zin.

— — with screams: opi.

— sphincter paralyzed: hyo.

— springs up in bed: bel.

— starting sudden: rhs. sul.

— swelling: crt. ka-m.

— torpor: ail.

— trembling of muscles: zin.

— twitchings: ant-t. zin.

— — slight: sul.

— typhoid form: aps. arn. ars. bap. lah. rhs.

— uncovered, desires to be: sul.

— — must be: cam.

— uræmia: ter.

— urination, profuse, relieves: ter.

— warm room aggravates: mr-f.

— weariness: ba-c.

— worse at 3 A. M.: k-ca.

— — after sleeping: lah.

— — from washing: ni-x.

— — — water: ni-x.

TABLE OF ABBREVIATIONS OF REMEDIES USED IN THE REPERTORY OF SCARLET FEVER.

Aco., Aconite.	Hyo., Hyosciamus niger.
Ail., Ailanthus.	Hy-x., Hydrocyanic acid.
Am-c., Ammonium carbonicum.	Iod., Iodine.
Ant-t., Antimonium et. potass. tartari- cum.	Ipc., Ipecacuanha.
Anth., Anthracinum.	K-ar., Kali arsenicosum.
Aps., Apis.	K-bi., Kali bichromicum.
Arn., Arnica.	K-ca., Kali carbonicum.
Ars., Arsenicum alb.	Ka-m., Kali muriaticum.
Aru., Arum triphyllum.	K-pm., Kali permanganicum.
As-s., Asclepias syriaca.	K-ph., Kali phosphoricum.
Au-m., Aurum muriaticum.	Kino, Kino.
Ba-c., Baryta carbonica.	Lah., Lachesis.
Ba-m., Baryta muriatica.	La-c., Lac caninum.
Bap., Baptisia tinctoria.	Lch., Lachnanthes.
Bel., Belladonna.	Lyc., Lycopodium.
Bov., Bovista.	Mnc., Mancinella.
Bro., Bromium.	Mer., Mercurius.
Bry., Bryonia.	Mr-c., Mercurius corrosivus.
Ca-c., Calcareo carbonica.	M-cy., Mercurius cyanatus.
Ca-x., Carbolic acid.	Mr-f., Mercurius iodatus flavus.
Cam., Camphor.	Mu-x., Muriatic acid.
Cap., Capsicum.	Na-a., Natrum arsenicatum.
Cb-v., Carbo. vegetabilis.	Nic-c., Niccolum carbonicum.
Cth., Cantharis.	Ni-x., Nitric acid.
Cep., Cepa.	Nx-m., Nux-moschata.
Ch-a., Chininum arsenicosum.	Opi., Opium.
Ch-s., Chininum sulphuricum.	Pho., Phosphorus.
Cin., Cina.	Ph-x., Phosphoric acid.
Cnb., Cinnabar.	Phy., Phytolacca.
Cl-h., Chloral hydrate.	Pul., Pulsatilla.
Cof., Coffea crude.	Rhs., Rhus toxicodendron.
Cch., Colchicum.	Sec., Secale cornutum.
Col., Colocynthis.	Sng., Senega.
Con., Conum maculatum.	Sil., Silicea.
Crt., Crotalus horridus.	Sul., Sulphur.
Cup., Cuprum metallicum.	Str., Stramonium.
Cu-a., Cuprum aceticum.	Tel., Tellurium.
Dig., Digitalis purpurea.	Ter., Terebinth.
Eup., Euphrasia officinalis.	Tri., Triosteum perfoliatum.
Gel., Gelsemium sempervirens.	Ver., Veratrum album.
Hel., Helleborus niger.	Ve-v., Veratrum viride.
	Zin., Zincum.

These abbreviations are copied from the famous Cipher Repertory.

CASES FROM PRACTICE.

LAWRENCE M. STANTON, M. D., NEW YORK.

I select the following cases to report, as some of them emphasize symptoms in the provings which are not over-familiar, while others, perhaps, will show familiar symptoms in some new aspect or combination. All of them are examples of the efficacy of the high potency in single dose.

The potencies used are Dr. Fincke's.

I. AORTIC INSUFFICIENCY.

A lady sixty-six years of age has for many years suffered from heart trouble. On auscultation this proved to be a very pronounced case of aortic insufficiency.

She had recently had an attack of bronchitis, and this together with tincture of *Digitalis*, prescribed by her physician, brought on the condition in which I found her.

Heart very feeble, irregular, intermittent, rapid—now fast, now slow.

Respiration rapid, shallow, with decided dyspnoea. The heart and respiration very much worse lying down. At night she had to be propped up in bed and slept only in snatches. She could not take a few steps in her room without very much increasing the heart's action and becoming faint.

Throbbing here and there throughout the body, especially marked in carotids, where it was painful, and in left hypochondrium. The heart was worse during the night and especially toward morning.

She was often troubled, on falling off to sleep, by the sensation of saliva trickling down her throat, and this apparently was the case.

Prostration was extreme and it seemed death was not far off. *Kali-carb.*^{19m}, one dose.

Improvement began at once, the symptoms rapidly disappeared.

She soon slept as she had not for weeks, sometimes without

once waking, and there was no longer the need of being propped up.

She walked about her room without palpitation or discomfort, and soon was able to get out of the house.

The remedy had to be repeated once or twice subsequently, in the same potency.

With such a valvular lesion the patient is not a well woman, but this was a year ago, and I recently heard that she was living in a smaller city and doing well, going out and about.

The symptom "has only been able to sleep sitting up, otherwise saliva would run down the throat," will be found as quoted under Heart, in Hering's *Guiding Symptoms*.

I have not been able to find that throbbing of carotids or in neck was distinctly characteristic of Kali-carb. But pulsations and ebullitions are common enough under this remedy, and Hering gives "painful throbbing in clavicle."

II. CORYZA.

The patient, a woman.

Nose very much stopped; severe headache in forehead, which was a bruised feeling, and was very much worse on motion. Tickling in pharynx, causing an almost constant cough.

Rumex 10m, one dose.

The headache—this bruised feeling—began to disappear in a couple of hours. Violent running from the nose and sneezing appeared, which, together with the tickling cough, soon vanished.

Lee, in his Repertory, gives four remedies that have bruised feeling in the head, worse on motion: Caps., China, Rumex, and Tellur. Hepar has bruised pain in the forehead, worse on moving the eyes.

In this case the constant tickling cough, so like Rumex, came from the pharynx, instead of from the usual situation—the supra-sternal fossa.

III. CORYZA.

For the past six weeks this patient, a woman, has had the following symptoms: Every morning, beginning when getting up,

there has been profuse running from the nose, clear discharge, like water, with much sneezing.

This continued until 10 o'clock, when the running and sneezing would entirely cease, and the nose become very much obstructed, and remained so for the rest of the day. Each day was the same; at 10 o'clock the same change of symptoms.

R. Nat-mur. 10m.

The following day there was decided improvement; then the day after an aggravation, which lasted twenty-four hours, when the whole condition disappeared.

The remedy in this case produced an amelioration at once; then a day of aggravation, to be succeeded by the cure.

IV. FLATULENT DYSPEPSIA.

A child, six years old, has suffered for the past two years from flatulent indigestion.

Abdomen enormously distended, rumbling in the abdomen, and almost constant passing of large quantities of wind. This was so incessant that the parents were ashamed to go anywhere with the child or have any one come to their home.

The boy suffered so from this drum-like distention that he would lie, often for the greater part of the day, upon his belly on the floor or bed.

The bowels were irregular. Occasionally he would vomit.

Carbo-veg. was, of course, the remedy, and one dose of the 4M potency cured speedily.

There has been so far not the least return of his symptoms, now six months since the remedy was given.

This case had been under allopathic treatment two years without beneficial result, and a specialist, one whose name is known throughout the land, could advise nothing better than to introduce the stomach-tube and wash out the stomach. The advice was not followed.

V. CORNU-CUTANEUM.

A case that is interesting, principally on account of the curative action of the homœopathic remedy, but also owing to the

rarity of such horns in the human being. In the lower animals they are sufficiently common.

This horn occurred in a lady of about fifty-five years of age, and was situated on the end of one of her fingers. The growth measured nearly half an inch in length; in form it was conical; in consistency hard and dry. Every now and then there would be considerable inflammation about its base, with shooting pains here, and running up the hand. The inflammation often resulted in suppuration, and several times the finger had been lanced.

There was much pain and inflammation when I first saw the finger, and the lady feared the growth would have to be removed with the knife.

Silicea^{cm}, one dose.

In two weeks the horn had entirely disappeared.

This was three years ago, and there was no reproduction.

VI. HOUSEMAID'S KNEE.

This occurred in a man, an expressman by occupation.

It had resulted from the habit of bearing the weight of a trunk or box upon the patella of his right knee, and lifting the load thus into his wagon.

There was no swelling of the knee-joint proper. The swelling was between the integument and patella, and the bursa in this situation was undoubtedly the seat of trouble.

The swelling was marked, and looked like a large pad upon the knee. It extended far beyond the upper and lower borders of the knee-pan. The only subjective symptoms were a feeling of distention and weakness of the knee.

The village doctor said he would have to tap the swelling and draw off the fluid. Arnica was given, but with no effect.

There were few subjective symptoms upon which to prescribe, and thinking of the action of Apis on serous and synovial membranes, I gave one dose of this remedy in the 5 M potency. There was a sharp aggravation followed by a speedy disappearance of the dropsy.

The knee still remains sound, and it is more than a year since it was cured.

THE VALUE OF HIGH POTENCIES.

MEXICO, Mo., Jan. 11th, 1895.

EDITOR HOMŒOPATHIC PHYSICIAN :

Inclosed find \$2.50 for THE HOMŒOPATHIC PHYSICIAN for 1895.

I take it because you advocate high potencies as well as low. The journal or the college that doesn't do it does not teach all there is in medicine.

A young man who was on his way back to college last week, after spending the holidays at home, called on me and expressed himself on the potency question as follows : " We must use the low potencies in acute diseases. Do you hold your patients?" The college that teaches him that high potencies must not be given in acute diseases is not teaching all there is in medicine, and it throws open the doors to degenerating into old-school methods when it teaches that we *must* hold our patients. I stand with Hahnemann, and never depart from our principles to hold a patient, and my cash-book shows a few hundred dollars more this last year than the year before.

So many of these young graduates think that their pocket-books will suffer if they do not use old-school methods also. If people want allopathy they are not going to employ a homœopathist to administer it, especially where the allopaths outnumber the homœopaths ten to one, as they do in this town.

While the above-named student was in my office, it so happened that his uncle came in to report the effect of some medicine I had given him the week before. The young man listened to his exclamations of delight in so prompt relief of a bladder trouble so painful that he would lie every night for hours pressing the neck of the bladder to get relief, and asked the remedy I gave. One dose of Beer^{dmm}.

To counteract his teaching about not using high potencies in acute diseases, I told him of a case of dysentery where a trituration of Ip. and Merc-cor. had been given without relief, and where I gave Merc-cor.^{om} with prompt results.

A septic poisoning case, following child-birth, tenderness over whole abdomen so she could not bear pressure, lochia very offensive, cured with two or three doses Pyrogen^{em}, from twelve to twenty-four hours apart. When asked to use Carbolic acid injections, or, at least, hot water injections, I told them that those organs were self-cleansing, and I allowed only cleanliness of external parts and bed, by removing frequently all soiled clothes and bathing parts with hot water. The temperature and pulse came down handsomely. There have been five deaths here of late under old-school treatment. Arsenicum²⁰⁰ and Pyrogen^{em} have been my main remedies, and have cured every case that has come under my treatment since I began the practice of medicine. I may yet be able to say with Swan: "There is no need of any one's dying of blood-poisoning."

Syphilinum is one of the nosodes that has done me grand service in headache, diarrhœa, constipation, cancer, as well as cramping in the stomach until the patient doubles up (like Colocynth), and in various chronic diseases.

Talking with Dr. Crutcher, one day, about a case of cancer of the liver cured with Ars.²⁰⁰, he said I should write it up to help prove the efficacy of the single remedy in high potency. An exploratory incision, four inches long, had been made in a hospital in Kansas City, over the liver, below the ribs, expecting to find a tumor. The staff of physicians all examined the exposed liver and pronounced it cancer, and said she could not live longer than two months, and she came to Mexico to die. Her friends employed me just to spend the time, because I was a homœopath and would not give her strong medicine. The liver was very much enlarged and hardened and extended well over to the left side, where the severest pains were. They might have been in the spleen. At any rate Ars. was indicated and given in the 200th potency, with prompt relief and final cure of the patient. Was it cancer? The next summer, out in Kansas, where she had gone to teach music, she contracted ague, and the old pains came back. She immediately took the train for Mexico, Mo., and put herself again under my treatment, with same results as in the previous year. She

claims to be well now, but her complexion is ashy and skin dry yet.

The higher potencies have carried me through epidemics of measles, whooping cough, la grippe, and the so-called diphtheritic sore throat that has prevailed here, without the loss of a patient, while many have been lost in each of the above-named diseases by our old-school men.

In one patient only have I found the low potency to act better than the high, and that was a *Podophyllum* liver case of many years' standing. I could get no results until I put her on *Pod.*^{3x} for weeks at a time, four times a day.

THEO. H. WINANS.

CLINICAL NOTES AND REFLECTIONS.

JOS. FITZ MATHEW, M. D., VICTORIA, DAUPHIN CO., PA.

Eczema rubrum. Man aged forty years, farm laborer, subject to boils. Face and frontal region swelled, inflamed and much disfigured; shooting pains in dimness and lachrymation of eyes; with dull frontal headache; intolerable burning itching of inflamed surface; worse at night and causing sleeplessness; acrid discharge has removed hair from eyebrows, frontal and temporal regions: *Ry. Nat-mur.*^{2c} (Dunham). A few doses promptly relieved. As the face began to clear off, a large boil began to form on the leg. *Ry. Sac-lac.* with simple dressing. Boil discharged and healed. Patient is entirely free from eruption.

Acute periostitis of the tibia.

Boy aged ten years; strumous family; brother died of "white swelling" of knee joint. A hot, reddened oedematous swelling over tarsal extremity of the tibia; very sensitive to touch. Dry tongue; rigors; temperature, 104.5°; pulse, 120. Excruciating pain, extorting screams, with periodical aggravations; worse in the warm bed, at night and toward morning. Exciting cause not apparent: *Ry. Mezerium*^{2c} (Dunham); horizontal position; applications of lint dipped in mucilage of slippery-elm. Prompt relief of pain; temperature reduced to 102°; stop medicine. Watched carefully for fluctuation; temperature,

normal. Effusion beneath periosteum evidently re-absorbed. Later, small superficial abscess formed, and discharged, then healed ; perfect recovery. From the severe nature of this case, and very unfavorable family history, it is evident that without the splendid action of Mezereum, a sub-periosteal abscess, with all its sequelæ, could not have been avoided.

The tenacity with which certain practitioners of Homœopathy, especially veterinarians, with whom it is a rule to which I am unaware of an exception—adhere to the idea that the larger the organism, the larger or more appreciable must be the dose or potency employed is remarkable. Allopathically, the dose of crude drugs must, in a measure, be governed by this rule ; although the superior efficiency of small doses of Quinia-sulph., for instance, was long ago demonstrated in the treatment of malarial fevers by army surgeons in India. Homœopathically—making allowance for the greater or lesser susceptibility and reactive powers of certain nervous organizations—it appears to me that the size of an organism, biped or quadruped, should not determine the dose, and that a potency which will act upon a child is equally efficient for an adult, for a horse, and “ why not ” for an elephant, if we can get the simillimum.

Many allopaths admit the efficiency of homœopathic medicines in cases of infants and children, but deny their utility in those of adults. They have in many cases been forced to invite the use of homœopathic medicines in cases of young children because they dare not administer their *very appreciable* drugs. They know that analysis fails to reveal the presence of the drug in our attenuations, except in the very low ones, and that its action is neither mechanical or chemical but dynamic, and must act directly upon the nervous system through the papillæ of the tongue and lingual nerve. “ Can they demonstrate that there is any change in these functions in the adult by which this dynamic power is inhibited ? ”

It is certain that there are many allopaths who are not so illogical as to doubt the equal efficiency of our potencies upon adult organisms, but they are not prepared for the self-sacrifice of an apostate, and thus permit their patients to believe that

while Homœopathy may be advisable for children it is impotent for adults. I was once a resident in the family of an allopathic physician, whose wife had suffered excruciating pain from otalgia, for two days in spite of all remedies applied by her husband, and I was invited to prescribe. The simillimum was perfect for Pulsatilla. I drew the doctor's attention to this fact, and gave Puls.^{2c}, and in fifteen minutes the patient was relieved of all pain. The doctor subsequently made a few experiments for himself, which resulted in his being expelled from his society.

During a summer's outing on the Pacific Coast I was introduced to an allopath who, not knowing me to be a practitioner of Homœopathy, invited my assistance in the case of a little child with a severe case of pneumonia.

"Doctor, I am a homœopath."

"Oh! well; so much the better."

We saw the little patient. Ant-tart. was indicated, but I had left my pocket case in camp twenty miles off. We went to the drug store, got a grain of Ant-tart. potentized it, and it was administered by the doctor as I directed, stopping the medicine on signs of improvement.

I subsequently met Dr. ———, who informed me that the child, *which he had "given up,"* made a good recovery. Had the patient been an adult I should not have been invited to prescribe.

In the treatment of the diseases of horses I have found the higher potencies act most efficiently, when I have been able to get the simillimum, which, however, is often very difficult to get, the symptoms presented being only objective. Amongst several similar cases I select the following:

Phrenitis—Mad Staggers.

Dull, stupid; vacant expression of the eyes; staggering movements. Suddenly the eyes open; there is a wild, vacant stare, with dilated pupils; dilated nostrils and heaving flanks. The animal dashes about furiously; it is dangerous to go near him. Delirium supervenes; he falls on his side and lies unconscious, with clenched teeth and twitching lips. At this stage I ap-

proached and gave a few teaspoonfuls of a solution of a few pellets of Dunham's 2 C. Bell., running it in onto the tongue through the teeth—a glass syringe is best—at frequent intervals. Medicine was stopped upon signs of improvement, and in a few hours the horse was eating hay at the stack.

SANITARY CLIMATOLOGY.

U. S. DEPARTMENT OF AGRICULTURE, WEATHER BUREAU,
WASHINGTON, D. C., January 2d, 1895.

Circular No. 1.

The interest manifested by every class of people in the subject of climate and its influence on health and disease has determined the Honorable Secretary of Agriculture, through the medium of the Weather Bureau, to undertake the systematic investigation of the subject.

It is hoped to make the proposed investigation of interest and value to all, but especially to the medical and sanitary professions, and to the large number of persons who seek by visitation of health resorts and change of climate, either to restore health or prolong lives incurably affected or to ward off threatened disease.

The study of the climates of the country in connection with the indigenous diseases should be of material service to every community, in showing to what degree local climatic peculiarities may favor or combat the development of the different diseases, and by suggesting, in many instances, supplementary sanitary precautions; also by indicating to what parts of the country invalids and health seekers may be sent to find climatic surroundings best adapted to the alleviation or cure of their particular cases.

The hearty co-operation of the various boards of health, public sanitary authorities, sanitary associations and societies, and of physicians who may feel an interest in the work, is asked to achieve and perfect the aims of this investigation.

No compensation can be offered for this co-operation other

than to send, free of cost, the publications of the Bureau bearing upon climatology and its relation to health and disease to all those who assist in the work.

Co-operation will consist in sending to this office reports of vital statistics from the various localities. That these reports may be of value, it is evident to all that they should be accurate and complete, and be rendered promptly and regularly. Blank forms of reports have been prepared so as to occasion as little trouble and labor as possible on the part of the reporter, and will be furnished by the Bureau on application.

At the very beginning of the investigation it is not possible to outline precisely the channels through which the results obtained will be made public, but it is hoped to publish soon a periodical devoted to climatology and its relations to health and disease. The publication will probably resemble in size and general appearance the present Monthly Weather Review, the subject-matter being, of course, different.

More detailed information will be furnished on application.

MARK W. HARRINGTON,
Chief of Bureau.

THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION—ADDRESS TO MEMBERS.

Owing largely to the unhomœopathic teachings of many of our "Homœopathic Medical Colleges," the ratio of increase of Hahnemannian practitioners has not kept pace with the rapid growth in numbers of the so-called homœopathic physicians; but in spite of this serious adverse influence, there are evidences on every hand, both among physicians and laymen, of a demand for purer doctrines and a more loyal practice.

The establishment of flourishing *Organon* Societies in many places are among the cheering indications.

Are we, as members of this Association, from whom much is expected, doing all we can to meet this demand?

Does our duty to the cause end with fidelity to our declaration of principles? Is it not also incumbent upon us to take

the lead, to do our best toward bringing together in the I. H. A., so far as possible, every sound Hahnemannian, many of whom have not yet been enrolled as members, but who should stand shoulder to shoulder with us in this crusade of "the faithful" against eclecticism, masquerading under the guise of Homœopathy?

Let us make no delay in obtaining applications for *Active Membership*, remembering that such applications must be in the hands of the Chairman of the Board of Censors at least six months prior to the next annual meeting.

Now for missionary work! Many of those who to-day are involved in the uncertainties of a mixed practice, have been led astray by false teachings; they have had no fair opportunity to know even the logical principles of our art of cure, nor to witness the superior results of a genuine homœopathic practice.

Many of them, sincere and honest men, dissatisfied with their present experiences, are longing for a better way, and our Association would be to them an *educational* institution. It needs but your personal solicitation to induce many of them to apply for *Junior Membership*; where, without committing themselves in advance to our declaration of principles, they would be able to secure the benefits to be derived from attending our meetings, listening to our papers, participating in our discussions, and, in fact, entitled to nearly all the rights and privileges of full membership. Ultimately, many of these Juniors will be saved to the cause, and become Active members.

Applications for Junior Membership may be obtained now, by applying for the same to

A. R. MORGAN,
Chairman of Board of Censors.

WATERBURY, CT., November 24th, 1894.

AUTOPSY OF ALEXANDER III, EMPEROR OF RUSSIA.

TRANSLATED BY FREDERIC PRESTON, M. D., CHESTER, PA.

We give below the full text of the official diagnosis and autopsy of Alexander III.

Diagnosis :—Chronic interstitial nephritis followed by lesions of the heart and blood-vessels. Hemorrhagic infarctus of the left lung, followed by pneumonia.

LIVADIA, 21 Oct. (2 November), 1894.

Professors Leyden, Zakharine, and Popow, and Drs. Hirsch and Veliaminow, honorary surgeons of Court.

Autopsy :—In the year 1894 on the day of 22d October (3 Nov.) at 7.30 P. M., we the undersigned proceeding to the embalming of the body of the ex-emperor have noted the following pathologic changes :

Œdema considerable of the subcutaneous tissue of the lower extremities and reddish spots on left knee. The cavity of the left pleura contained 280 CC of serous reddish liquid. The cavity of right pleura contained 50 CC of same liquid.

The summit of right lung bore a fibrous cicatrix of ancient date ; the right lung being œdematous. The superior lobe of left lung was slightly œdematous and there was an hemorrhagic infarctus in the inferior lobe, which was much congested with blood and contained little air. This infarctus was found on the superior border of the inferior lobe of left lung, and presented on section, the form of a triangle, one and one-half centimeters high, and one centimeter broad. The cavity of the pericardium contained 30 CC of serous red-tinted liquid.

The size of the heart was considerably increased ; the vertical diameter being 17 centimeters, and the horizontal diameter being 18 centimeters. The sub-serous tissue contained a great quantity of fatty matter.

The heart was found in a condition of slight diastole, the left cavity being enlarged and the wall of left ventricle thick-

ened (2 centimeters). The muscular tissue of left ventricle was pale, flabby, and of a yellowish tint. In the right ventricle the muscular wall was thinned (6 millimeters), and of the same yellow tint. The valvular apparatus was in a completely normal condition.

The abdominal cavity contained 200 CC of serous liquid. The stomach and intestines contained a great quantity of gas. The volume of the liver was slightly increased, and the organ very plethoric (congested?). The kidneys had the following dimensions :

Left, 16 centimeters long ; 7 centimeters broad, and 4 centimeters thick.

Right, 15 centimeters long ; $6\frac{1}{2}$ centimeters broad, and 4 centimeters thick.

The capsules of the kidneys were of normal thickness, and easily detachable. The surface of the kidneys was slightly granulated, and of a dark red color, the hardening of the kidneys was insignificant.

The cortical substance of the kidneys was lessened (from 6 to 7 millimeters), and of a yellowish tint ; the medullary substance, of dark red color. There was also found in the left kidney a serous cyst 3 millimeters in diameter.

In virtue of the preceding facts we formulate as our opinion, that his Majesty the Emperor Alexander Alexandrovitch succumbed to a cardiac paralysis, preceded by a muscular degeneration of a hypertrophied heart, and of an interstitial nephritis (granular atrophy of kidneys).

LIVADIA, 22 October (3 November), 1894.

Signed. Professors F. J. Klein, D. F. Zernow, M. A. Popow, and Drs. A. V. Altonkhow and A. C. Belououssow.—*Semaine Medicale*, November, 1894.

NOTES ON THE EFFECTS OF POKE-BERRIES ON BIRDS.

W. E. ROTZELL, M. D.

The use of the juice of the poke-berry (*phytolacca decandra*) as a fat-reducing agent is at present quite extensive, but the evidence that these berries reduce body weight without putting the subject on an anti-fat diet is, I think, far from conclusive.

In *The Homœopathic Recorder* for March, 1892, Dr. E. M. Hale claims priority to the discovery of the anti-fat properties of *phytolacca decandra*. He stated that as far back as 1858 he mentioned in the *New Remedies* that birds which fed on these berries become emaciated.

Of the effect of poke-berries upon birds is to what I desire to call attention. Having been always interested in the study of birds, I have watched for several seasons and noted as carefully as possible the effects, as I observed them, of poke-berries (*phytolacca*) upon birds. I have dissected quite a number of birds which have been feeding upon these berries, and have always found them to not only be in the best physical condition, but invariably fat when they had been feeding on the berries to any extent. The species of birds I know to feed on the berries of *phytolacca decandra* are the following: American robin (*Merula migratoria*), wood thrush (*Turdus mustelinus*), brown thrasher (*Harporhynchus rufus*), cat-bird (*Galeoscoptes Carolinensis*), flicker (*Colaptes auratus*), red-headed woodpecker (*Melanerpes erythrocephalus*), cedar bird (*Ampelis cedrorum*), Carolina chickadee (*Parus Carolinensis*), myrtle warbler (*Dendroica coronata*).

Desiring to know the opinion generally held by naturalists on this subject, I wrote to several prominent ornithologists, whose replies I here present:

Dr. R. W. Shufeldt, United States Army, of the Smithsonian Institute, Washington, a recognized authority on birds, and whose observations cannot be questioned, writes: "I have shot a variety of species of birds that have been feeding on the ripe berries of *phytolacca decandra*. * * * Very often I have shot

both robins and flickers that have been absolutely gorged with the dead-ripe fruit of this plant. Such specimens I have not only eaten, but skinned, dissected, and otherwise examined. From the gizzard to the vent the contents of the entire intestinal tract have been stained with the deep claret-colored or carmine-colored juice of the berries, as is the circlet of feathers surrounding the anal aperture. These birds at such times are not always well nourished, but often fat and otherwise in excellent condition."

Prof. H. Justin Roddy, of the Millersville State Normal School, well known as an ornithologist, and who has given especial attention to the subject of bird-foods, wrote me as follows:

"I can say that in the large series of robins, cat-birds, thrushes, and other poke-berry (*phytolacca*) eating birds I have taken I have invariably found them very fat. So fat sometimes that they could not be used as specimens."

Dr. A. K. Fisher, of the Department of Agriculture, wrote me that he did not ever remember having seen a bird in an emaciated condition that had been feeding on *phytolacca decandra* berries.

I also consulted Mr. Witmer Stone, curator of birds at the Academy of Natural Sciences, Philadelphia, and his experience on this subject corresponds practically to those of the above. All the *phytolacca decandra* eating birds he had examined had always been fat.

In answer to inquiries I have the replies of other naturalists stating that poke-berries are fattening to birds, and in no instance have they replied that these berries make birds thin.

The poke-berry (*phytolacca decandra*) is the last of the several important food-berries to ripen in the fall, and is eaten subsequently to the wild grape, sour gum (*nyssa*), dogwood, and the Virginia creeper just before the birds make their southern migration.

It has been suggested to the writer that the period during which the berries are eaten is perhaps too short to affect the birds materially either way, but the evidence, I think, shows otherwise. We are therefore justified in concluding that as an

anti-fat to birds *phytolacca* is a failure, and as the physiological function of absorption in man and in birds is practically the same, it is certainly curious that the juice of the berries of the *phytolacca decandra* should have gained such prominence in the treatment of obesity.—*The Hahnemannian Monthly*, December, 1894.

SOME THOUGHTS ON MATERIA MEDICA.

C. S. SCHWENKE, M. D., PHILADELPHIA.

That which prompted the writing of this paper was a desire to go back over the old ground and revive a few of the things which make the application of the indicated remedy a success in the treatment of the sick. There will be no startling revelations, no new discoveries, nor any elaboration upon the "giant strides" of progress made in medical science. It will contain only a few homely and commonplace remarks suggested by *The Organon* and prompted by practical experience. It does not even possess the merit of originality, but rather presents the writer in the humble light of an interrogator, one curious to have many questions answered.

Why does the indicated remedy fail?

Is it because we go to extremes and either grovel, as some express it, in the tinctures or airily soar away on a potency with the thousandth or even the millionth as its exponent? They call one a mongrel and the other an ultra-homœopath, each equally foolish in the estimation of the other; opponents fighting the bitter war of ridicule and accomplishing nothing but personal enmity. Is any progress made by pursuing such a course? Is it not about time that we at least flatter ourselves with a degree of intelligence which will lift us above such craftiness? The indignant potentist speaks of his compeer sinking into the mire of tinctures, fluid extracts, and alkaloids until he becomes a skeptic and materialist, while the alkaloid man is jocosely horrified at the intrepidity of his infinitesimal friend toying with the dynamic derangement of the millionths.

Does this savor of progress? Just as long as we abstain from

the friendly discussion of the potency of our remedies just so long will we retrogress in materia medica. The strength of a remedy is almost if not quite as important as its selection. If too strong or too crude the case may at once be spoiled by aggravation. If it is too highly diluted, doubt of its being the indicated remedy, by its inefficiency to produce any result may lead to the choice of another. Failure in each instance attributable alone to the strength in which the remedy was employed. Instead of going to extremes, would not a medium course appear more rational where remedies varying in dilution from the third to the thirtieth were used? If the physician employing the very low dilutions and tinctures should adopt such a course he might find that necessity would make of him a more accurate prescriber, while the high dilutionist, by pursuing a similar course, might save much wear and tear on his imagination.

Would not much be gained in our acquirement of the homœopathic materia medica if cases, even the most commonplace, were accurately reported, giving a careful delineation of the symptoms together with a differentiation of the remedies suitable to the case, their dilutions, and the frequency with which they were repeated? By so doing would we not in time become better satisfied with our materia medica, find in it fewer inaccuracies, and grow far better qualified to treat the sick?

When a remedy is indicated in a case of sickness no one patient manifests all of the symptoms true of the remedy. It is usually five or six and sometimes less that favor the selection. Largely because of this much fault has been found with the apparent superabundance of material furnished by our materia medica. Let us select *Arsenicum* by way of illustration. Each time it is called for in different patients it may be found indicated by different sets of symptoms true of *Ars*. Select a materia medica—Hering's condensed is convenient—for the purpose, and record all of the symptoms in the different cases cured by *Arsenicum* by placing a star alongside of the symptoms found in the book, and in time a star will be found alongside each symptom printed, plus a number of extra symptoms on the margins of the pages. The characteristic symptoms

will be noticed by the large number of stars attached to them. This is one way of studying materia medica by which we may get the individuality of the remedy. There is no question about the amount of labor involved. It requires an enormous amount of work to gain a proper understanding of the homœopathic materia medica, but with it goes a compensation in ratio with the ability to cure the sick.

A source of common error and failure to procure results with the indicated remedy lies in the fact that the whole power of the remedy is not understood. A remedy may be correctly applied to a case and if a new symptom appears it is too often regarded as a complication while it is only a part of the whole and covered by the same remedy. Failure to appreciate this fact is invariably disastrous to the patient. This may be illustrated by any remedy in any form of disease. Let us suppose a form of enteric fever calling for Hyoscyamus, the selection having been made by a few characteristic symptoms such as the following, trembling and twitching of the muscles. Farrington regarded this as a necessary symptom of Hyosc. I have never seen a case calling for Hyosc. where this symptom was absent. In taking the pulse you are impressed by the twitching of the tendons under the fingers.

The patient imagines he sees people who are not present and who have not been present. He mixes the identity of those present, calling one by the name of another, and often regarding a personal friend as a stranger and *vice versa*. At times he may refuse the medicine, fearing it is poison. He may be lying quietly in bed when suddenly, without any warning, he will jump from the bed, and may strike these about him in his endeavor to escape. Patient seems terrified. He may be partially aroused. In this partial rationality so many have spoken of the following symptoms that I have come to regard it as one quite characteristic of Hyosc.: odd little people or gnomes, about one or two feet high, are seen gamboling along the foot-board of the bed or clinging to the frieze of the room, watching the patient and terrifying him. One patient would have jumped from the window to have escaped them if the nurse had not

caught him about the waist and held him. This patient was promptly relieved and cured by Hyosc.³⁰ in water, teaspoonful every half to one and two hours. The above symptoms were clinically observed and noticeably, they are almost entirely confined to the mental sphere in order to better illustrate the statement previously made—*i. e.*, a remedy may be correctly applied to a case, but if a new symptom appears it is too often regarded as a complication while it is only a part of the whole and covered by the same remedy, which would do all the work in a most satisfactory manner if but allowed the opportunity.

Suppose a case manifesting the symptoms enumerated above would suddenly present symptoms of a weak heart; pulse slow and small, intermittent, scarcely perceptible. If for this we use a cardiac stimulant or tonic we not only spoil the case but actually endanger the life of the patient in two ways: first, by the reaction of the stimulant possibly followed by heart-failure, or, by placing the nervous system in a condition antagonistic to the best action of the delicately-potentized remedy, thereby destroying the patient's opportunity of getting the full action of the remedy which would cure him. Turn to the heart symptoms of Hyosc. and see if the remedy selected by the mental symptoms will not meet all the requirements of the case.

Suppose the same patient becomes sleepless, first see what Hyosc. will do for you before resorting to Opium, the bromides, Chloral, or Sulphonal. Suppose in the same case, symptoms of inflammation of the brain or meninges appear, or the lungs become engorged by hypostatic congestion; the urine and fæces escape involuntarily. These are not to be regarded as complications; they are one and a part of Hyosc., and that remedy, if given singly, in a reasonable dilution and at proper intervals and allowed free and uninterrupted action, will remove them all and promptly cure the patient.

One of the most difficult of all things to acquire in the treatment of the sick is the ability to wait. This has been greatly ridiculed and justly so in some instances, but in it lies one of the greatest secrets of success. How often is a sickness prolonged or death hastened by a desire upon the part of the

friends of the patient and unfortunately, to the discredit of the medical profession, by the physician himself getting confused and excited, trying to force an improvement, when, in his sober judgment, he knows that force avails nothing.

The ability to wait is born of the appreciation of improvement in a patient. Unless this is keenly observed, a change of remedies may be made to the disadvantage of the patient. We may wait for a half-hour, a day, or a week, and in some rare cases even longer, for the action of a remedy according to the acute or chronic nature of a malady. However, practical experience scarcely substantiates the theory of waiting for a month for one dose of a remedy to act. In carefully reading the reports of such cases, we are often impressed with the fact that less importance is attached to the selection of the remedy than to the extremely high dilution and single dose. It would seem that the workmanship surpassed the material.

While no endeavor is being made to underestimate the claim that one dose of the fortieth thousand will cure—in time, yet most of us feel that such ability arises from an occult power enjoyed by only a select few. If we are to judge from claims made and reports circulated, there can scarcely be a doubt about the physician prescribing one dose of the ten-millionth being equally as successful as the one who culls his medical knowledge from the different materia medica issued by the wholesale druggists of the land.

It is a question of vital importance if a far greater number of patients have not been killed outright by hasty treatment than ever died by judicious waiting, as exemplified in the extreme, by the expectant treatment giving a lower mortality than empirical drugging, while the intelligent use of the indicated remedy is immeasurably superior to either.—*The Hahnemannian Monthly*, December, 1894.

MEASLES AND PHENACETIN: WHICH KILLED THE PATIENT—THE DISEASE OR THE TREATMENT?

CHARLES E. PAGE, M. D., BOSTON, MASS.

In reporting a case of measles which proved fatal a writer in a current medical journal prefaces the history of the case with some thoughtful speculations concerning the possibly deleterious effects, at times and under some circumstances, of the coal-tar poisons.

"It would seem," he says, "that the marvelous potency of the pharmaceutical derivatives of coal-tar, at present in such general favor, should be sufficient to arouse the responsible physician to an unusual degree of alertness as to any deleterious effect upon the human organism which, when prescribed internally, they might naturally be expected capable of producing. Taking everything into consideration," he goes on to say, "it is quite remarkable that death in certain cases has not oftener been suspected of being the culmination of their use rather than, on the other hand, that they probably exerted the effect of at least postponing the occurrence of such a dire calamity."

From a purely speculative point of view he regarded it as incredible that these drugs, in doses ordinarily recommended, should be so much less liable to produce evil than good, "were it not for the results obtained from the extensive experience in their employment," in all of which the writer concurs, except in the view that the "results obtained" give us any rational hope that these poisons are ever "less liable to produce evil than good."

"Amid the complexities of a given instance of disease," further remarks Dr. Tyler, "it is practically impossible to clearly define that which may be designated the negative action of remedies employed. Observation and experience have too often avouched the efficiency of the *vis medicatrix naturæ*, for example, to avoid the acceptance of many apparent favorable

results from artificial sources in any other spirit than that of extreme skepticism."

The case cited was that of an Italian, "about thirty-two years of age, muscular and exceptionally well-nourished." The historian remarked upon "the striking resemblance the symptoms bore in many respects to those which are quoted as having been observed in poisoning by Phenacetin," and he goes even further, in thinking that had the amounts employed been considerably greater the question might rationally have arisen "whether it was directly due to the complications resulting simply from the disease, to the remedy, or to a combination of the two," that death ensued. But the amount of Phenacetin was so small (fifty grains with whiskey in five days) that it seemed to him incredible that the drug could have much influenced the result.

But, he states that the second five-grain dose of Phenacetin on the fifteenth (the second day of sickness) reduced the fever markedly, from 103.6° to 101° , thus exhibiting a "marvelous potency" for either evil or good. Moreover, in spite of reduced temperature, "the pulse and respiration, on the other hand, became accelerated." My criticism here is, that a drug which increases the respiration and pulse of a patient, does so by adding to the toxic condition, giving the system still more to contend with, thus forcing it to work more vigorously because of the added load, not from increased strength, which being admitted tells, of course, against such a procedure. In this case, as usually happens—indeed, as it seems to me, must always be the case, in accordance with the laws of the animal organism, whatever the apparent effects at the moment, or the happy chance which allows of restoration from disease, under mistaken treatment the organism was made to work harder while the vital forces were actually depleted, the reduced temperature being, really, evidence of this; and the final and speedy exhaustion of the patient to his death in five days, though he was a muscular man, gives further and unmistakable evidence, as it seems to me, in the same direction.

The patient was a splendid subject for water-treatment, and

yet not one word is mentioned of even a cold compress over the region of the inflamed bronchi when, on the third day, "bronchitis became very evident in both lungs, and cough troublesomely aggravated." The constant changing of the cold compress over the chest in these cases (pneumonia, acute bronchitis, etc.) operates most charmingly. By this is not meant the application of a cold towel to remain for any length of time to become a hot fomentation, but its renewal every two or three minutes in desperate cases, and kept up till the conditions are markedly improved, and returned to at any time when evidence is observed of return of the congestion. Instead of this helpful and most regular (though not popular) treatment the chest was simply anointed with camphorated oil, an expectorant directed, and Quinin sulphate prescribed. Moreover, the patient was fed night and day, though he was at the start an exceptionally well-nourished patient and a promising subject for the fasting-cure; though, for that matter, it is my practice never to punish a fever patient with food, whether he be lean, stout or medium, or to offer any other nutriment than water, till convalescence is well established and satisfactory evidence observed—improved tongue, lowered temperature, good appetite, etc.—that the food stands a fair chance of being digested; otherwise it can serve no useful purpose, but must always prove a harmful nuisance, with absolutely no compensating effects. It tends to keep the patient's temperature up and going up, for it is so much more waste to be burned and eliminated. On the other hand, during every day of absolute fasting the toxic matters which are threatening life are reduced by about two pounds, and a few days of this sort of house-cleaning, as I have observed in innumerable instances, change the conditions so completely as to seem almost miraculous.

To quote: "At 4 A. M. of the 19th (sixth day of treatment), temperature 104°, Phenacetin and whiskey were again prescribed, but failed (as will be seen) of any salutary effect. At 5 A. M. the patient was noisily delirious and uneasy." What an indication for a Brand bath, to tranquillize the patient by means of the refreshing cold water, the effect of which is to

strengthen the heart, brace the entire nervous system, prevent or restore from the dreaded coma! The common plan, however, of "silencing the alarm bells, instead of doing anything to put out the fire," was pursued: "Sol. morp. sulph. (U. S. P.), one fluid dram, which small quantity it was deemed advisable to supplement an hour later with Dover's powder, six grains. At 6.30 A. M., patient tranquil, but shortly lapsed into a comatose state from which it was only possible to partially arouse him. Pupils contracted; respiration varyingly noisy or stertorous; countenance cyanosed; extremities cold. Hypodermatic of Strychnin sulphate, one-thirtieth of a grain, and repeated two hours later (11 A. M.). Patient had become completely comatose and reflexly insensible to puncture of hypodermatic needle. He expired at 12.40 P. M. His temperature, taken one hour previously, was 106.8°."

The only water-treatment mentioned is that "at various times during the progress of the illness the surface was carefully sponged with alcohol and water combined." The general impression, both with the profession and laity, seems to be that a little water will not harm a fever-patient if it be well diluted with alcohol.

I have undertaken the study of this case in no spirit of carping, but to emphasize what seems the inevitably harmful routine procedures employed by the great majority of physicians in similar cases, as well as their lamentable failure in studying and applying the simple, but genuine, aids to nature supplied by the great variety of water-treatments.

From the study of many cases similar to the one here recorded, in treatment and results, as well as not a few which started out in similar fashion, but which under quite contrary methods resulted in speedy convalescence and recovery, it seems altogether probable that had this robust Italian been spared the ingestion of a single poisonous drug, as well as of all food-substances, which, from lack of possible digestion and assimilation, are themselves drugs, loading the circulation with the poisonous products of fermentation; and could he have had the benefit of appropriate baths—not for the purpose of downing

the temperature, by any means, but, as has been already intimated, for their invigorating effects upon the entire organism—while the fluidity of the blood was maintained by plentiful supplies of pure soft water, hot and cold, the results would have been altogether satisfactory.—*Medical News*, November 24th, 1894.

TWO ACUTE CASES.

C. L. OLDS, M. D., H. M., PHILADELPHIA.

July 10th, 1893.—Miss Marie L——, age twenty. Colic that makes her double up and scream. Paroxysms about every five minutes; most agonizing pain.

She had been eating a large amount of ice-cream the day previous. A physician had given her *Ars.*³⁰ in water, but it did no good.

Extremely cranky; cannot give a civil answer to my questions. The “bite-your-head-off” disposition.

Chilly; has many covers, although it is quite warm.

Diarrhœa; stool in small quantities and frequent; yellowish, thin, slimy. *Nux-v.*^{cm} (F. C.), one dose.

The next paroxysm of colic was much lighter and the last that she had.

The diarrhœa soon came on more profusely, but lasted only one day longer.

July 13th, 1894.—Mrs. C——, age forty. Was called in haste to see her. Husband said that she was having terrible pains in the abdomen.

She had had a bad diarrhœa that day and was advised to take “blackberry brandy.” She had taken about four ounces of the brandy at one dose, which stopped the diarrhœa.

Lying on bed with flushed face and dilated pupils.

Colicky pains in abdomen, causing her to bend double and scream at the top of her voice and thrash about the bed. Paroxysms every two minutes. She seemed in awful agony.

Amelioration from hard pressure on abdomen. *Coloc.*^{cm} (F. C.), one dose and S. L.

In fifteen minutes she was quiet and sleeping.

These cases are reported, not because they are unusual, but because they are plain, ordinary cases, such as are encountered almost every day. It is in these violent, acute attacks that the mongrel, who is always more or less of a routinist, uses his hypodermic upon the patient who does not at once respond to his repeated doses of the lowest dilutions or triturations. Here it is, in these common, acute affections, that patients expect Homœopathy to relieve them. If a few sugar pellets on the tongue will stop that awful pain, they will believe in Homœopathy and in their doctor, but if they see their physician using a hypodermic, what reason have they for thinking that his system is above that of the allopath? It is true that a dose of Morphine will suppress the pains of the sufferer, will put him into a quiet sleep, and, moreover, will hush the friends of the patient, making them believe that something is being done. Too many doctors make their prescriptions to hush the cry and clamor of the attendants, rather than for the ultimate good of the patient. These doctors are afraid of the attendants, and are not masters of the situation.

Besides, who dare assert that Morphine will quiet the patient and stop those awful pains more quickly than the similar remedy in potentized form? Who, that has faithfully followed the precepts laid down in *The Organon*, can doubt that the similar remedy is more powerful to assuage pain than a hypnotic? And which patient will be in the better condition the next day, the one that had the hypodermic or the one that had the similar remedy?

THE COMMITTEE ON LEGISLATION AND THE PROMOTION OF HOMŒOPATHY

(Created and appointed by the Missouri Institute of Homœopathy,
Session 1894),

Whose address to the profession appeared in the November number of *THE HOMŒOPATHIC PHYSICIAN* at page 365, has published another circular from which the following extract is clipped :

Sinews of war. Money is essential and necessary in carrying forward the work we have in hand. It would not be just or equitable to lay this burden on the shoulders of an individual, or of a few. The Missouri Institute of Homœopathy generally, contributed what funds were in the treasury to start this movement, amounting to about \$60. Now that we have put our hands to the plow, there will be no turning back; we must press forward to our goal. Committees will have to go to Jefferson City, and time and money must of necessity be spent, and the money must be raised by personal contributions. I ask all homœopaths interested in this work to contribute any sum which their interest in the cause of Homœopathy may suggest. Any sum will be thankfully received and applied toward the accomplishment of our aims and purposes. It would give me pleasure to write a personal letter to every homœopathic physician in the State, but the demands on my time in prosecuting this work makes it impossible, hence this circular letter to all. Come up to the measure of your patriotic duty, Doctor, and the end will be a victory.

Fraternally yours,

EDWARD F. BRADY,

Secretary Committee,

1315 Jefferson St., Kansas City, Mo.

December 1st, 1894.

URTICA MOROIDES, OR LAPORTEA MOROIDES.

ALFRED HEATH, M. D., F. L. S., ETC.

This virulent plant belongs to Urticaceæ. I adhere to the old name of *Urtica*: 1st. Because it belongs to the same genus as the plant known in homœopathic medicine as *Urtica-gigas* (now called *Laportea-gigas*), the stinging tree of Australia, growing at times to one hundred and forty feet high and twenty feet in circumference. 2d. Because it was originally named *Urtica*, and also that we have in use two or three other *Urticas*, and, as we are familiar with the name of *Urtica*, and they are all closely related, it is better to group them for the sake of analogy. The slightest touch of *Urtica Moroides* (called *Moroides* on ac-

count of its mulberry-like fruit ; which also, although tempting to the eye, is very poisonous, and irritating to the touch) produces the most severe symptoms, and I should very much pity any one who got badly stung by it.

On the 4th of May, 1894, at mid-day, I touched one of my fingers with a single bristle of the living plant growing in the Royal Botanic Gardens, under glass. In a moment there was a red spot with a white blister, followed by sharp, pricking pains like needles, with burning soreness, which lasted very severely all day. The pain was aggravated by warm water, and extremely so by cold water. I felt nothing of it in the night. The whole of the following day, the 5th, it felt bruised and sore, with great itching. At intervals it quite subsided, only to recur, and if, when free from pain, I put cold water on it, or even moistened the spot with my tongue, the sore, burning, itching, pricking came on again, severely for a few minutes. On the 6th it felt bruised, stiff, and itched very much at times, and was relieved by rubbing. May 8th, feeling at times as of subcutaneous soreness; 9th, occasional pricking in the part stung; 19th, accidentally *pressed* on the part stung—felt great subcutaneous soreness, as if pressing on a wound; 30th, same as on the 19th, and for some weeks longer I had occasional reminders, especially on washing my hands in cold water.

The antidote to the painful symptoms produced by this plant is

TINOSPORA CORDIFOLIA.

I have since stung my fingers with the *Urtica Moroides*, and, by applying the juice of *Tinospora*, which is very abundant in the plant, the pain is at once removed, although it occurs slightly at times. *Tinospora Cordifolia* belongs to the order *Meorispermaceæ*, to which also our well-known *Cocculus Indicus* (*Anamirta Cocculus*) belongs. It probably contains the same alkaloid (*Picrotoxin*) as is found in *Cocculus Indicus*, which we all know produces giddiness, vomiting, convulsions, and insensibility, and, in the small dose, is so good in many forms of sickness. In the proving of the mother tincture of *Tinospora*, recorded in HOMŒOPATHIC PHYSICIAN of November last by P. Banerger, it produced nausea and vomiting. *Tinospora Cordifolia* contains a

bitter principle, *Columbine*, common to plants of this genus, many of which have tonic and emetic properties, like *Nuxvomica*. An extract called *Galuncha* is prepared from it. It is considered specific for the bites of poisonous insects, and snake-bites, and for ulcers, and it is, as I have found, specific for the stings of *Urtica*. The young shoots are used as emetics. A curious feature of this plant is its extreme *vitality*. When the main stem is cut or broken in two, a root is sent down from *above*, and continues to grow until it reaches the ground, and thus restores communication. Its wonderful vitality may be some indication for its use in disease, especially to some of our friends who observe the workings of the "doctrine of signatures."

BOOK NOTICES.

THE CHAP-BOOK; semi-monthly; published by Stone & Kimball, Caxton Building, Chicago, Ill. Subscription price, \$1 per year; five cents a number.

This is a quaint periodical of about fifty pages, small octavo. Its quaintness is much increased by the old-style type, unsized paper, and rough edges.

As its name is somewhat uncommon, we turn to *The Standard Dictionary* of Funk & Wagnalls, and copy therefrom the definition:

"CHAP-BOOK: One of the cheap books usually in pamphlet form, once popular in England, Scotland, and the American Colonies, containing tales, ballads, lives, tracts, etc.: sold by chapmen."

The December number, now before us, contains a variety of interesting material. One article is so weird that we quote scraps from it. It is too long to reproduce in full.

THE NIGHT WASHERS.

"Whe—ooh, ooh, ooh, ooh, ooh,
We are the brothers of ghouls, and who
In the name of the Crooked Saints are you?

"We are the washers of shrouds wherein
The lovers of beauty who sainted sin
Sleep till the Judgment Day begin.

"When the moon is drifting overhead,
We wash the linen of the dead,
Stained with yellow and stiff with red.

"Whe—ooh, ooh, ooh, ooh, ooh,
We are the foul night washers, and who
By the seven lovely sins are you?"

There are some illustrations in the book all in a style as weird as is the sample of text above quoted. They are by Will H. Bradley, and are the most original and striking designs we have ever seen. They are masses of black and white, with long, sweeping curves, quite bewildering. It is a new type of illustration and very singular.

A SYSTEM OF LEGAL MEDICINE. By Allan McLane Hamilton, M. D., consulting physician to the insane asylums of New York City, etc., etc., and Lawrence Godkin, Esq., of the New York Bar, with the collaboration of Prof. James F. Babcock, Lewis Balch, M. D., Judge S. E. Baldwin, Louis E. Binsse, Esq., C. F. Bishop, Esq., A. T. Bristow, M. D., B. F. Cardozo, Esq., C. D. Chaddock, M. D., A. F. Currier, M. D., C. L. Dana, M. D., George Ryerson Fowler, M. D., W. T. Gibb, M. D., W. S. Haines, M. D., F. A. Harris, M. D., W. B. Hornblower, Esq., Charles Jewett, M. D., P. C. Knapp, M. D., R. C. McMurtrie, Esq., C. K. Mills, M. D., J. E. Parsons, Esq., C. E. Pellew, E. M., Judge C. E. Pratt, W. A. Purrington, Esq., B. Sachs, M. D., F. R. Sturgis, M. D., Brandreth Symonds, M. D., V. C. Vaughan, M. D. Complete in two royal octavo volumes of 700 pages each, illustrated. New York: E. B. Treat, 5 Cooper Union, 1895. In substantial cloth binding, per volume, \$5.50. In full sheep, uniform law style, per volume, \$6.50. Sold by subscription. Orders taken only for the complete work.

A notice of the first volume of this superb work appeared in *THE HOMŒOPATHIC PHYSICIAN* for July, 1894, page 219. The second volume is now before us. The list of contributors to this great work includes the names of thirty of the most distinguished writers and authorities upon medical jurisprudence in America, with upwards of five thousand citations and cases. As a book of reference it will be found an invaluable help to medical men and to those of the legal profession who desire the aid of the most advanced and sound opinions of practical students of forensic medicine. So much opprobrium has been attached to the word "expert" that the spirit which so often impels men to go into court and become ardent partisans finds no place in this system, and it has been the aim of the editor and his colleagues to give the work a decided judicial and impartial tone, so that it may be consulted with confidence by all as an authority of the first order.

Until recently the contributions in the United States to the literature of medical jurisprudence have been exceedingly meagre, if we may except Beck's classical but antiquated treatise, and other works limited in scope. From ne-

cessity, it has been the custom to consult foreign books, which were written for the benefit of transatlantic readers, and are in many respects inapplicable to our methods, and not in conformity with the legal usages of this country. Therefore, the appearance of an American treatise of this character will be especially timely and welcome.

The editor has aimed to make the work under consideration a repository of the most advanced ideas and valuable cases, and, except when the latter are unique, indispensable, or especially pertinent, it has been his aim, and that of his associates, to avoid threadbare material, and to illustrate the articles by new examples. The scope of the work is necessarily very great, but it is trusted that its contents will be found to be practical and concise. Extraneous matter is dispensed with, and the reader is spared dry and uninteresting details and a repetition of valueless decisions. A feature of Hamilton's *System of Legal Medicine* is the presentation of a large amount of new experimental research by contributors who have actually figured repeatedly in notable cases in civil, criminal, and probate courts in various parts of the country.

GENTRY'S RECORD OF THE HOMŒOPATHIC MATERIA MEDICA.

William D. Gentry, M. D., Editor and Publisher, 209 State Street, Room 20, Chicago, Ill. Subscription, \$3.00 per year, in advance.

This journal, intended as a companion to the *Concordance Repertory*, is devoted exclusively to Materia Medica.

It is a pamphlet of from 25 to 30 pages, of quarto size, arranged in double column. It contains only materia medica, and the remedies are arranged in alphabetical order. By carefully preserving the numbers as they are published, the subscriber will have at the end of the year a volume of materia medica ready for immediate use. The numbers could be held together by Ballard's Klips, as shown in our advertising pages.

PRESCRIPTION CARDS. By Stacy Jones, M. D. Boericke & Tafel, Publishers, 1011 Arch Street, Philadelphia.

These "cards" consist of little pamphlets of 16 pages, small octavo, containing a printed list of all the probable symptoms a patient is likely to have, together with a blank space for name of patient and the other personal items usually recorded.

Each symptom is followed by the name of the remedy which it indicates. These names are arranged after the manner of the *Cipher Repertory*, but the letters reversed, that the patient may not be able to read them.

The manner of using is that, the "card" being given to the patient, he or she draws a pencil mark under the symptoms complained of, and then, the prescription made being noted on the card, the latter is filed away for reference when the patient comes again. In this way there is kept a complete record of the patient's symptoms with a minimum of writing and book-keeping.

THE
HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

Vol. XV.

MARCH, 1895.

No. 3.

EDITORIAL.

APIS MELLIFICA.—The editor has been so frequently importuned by the readers of this journal who have read the editorials on Aconite and Belladonna in the September and October numbers, to give further indications for prominent remedies taken from the notes of the venerable Dr. Lippe, that in compliance with these requests he gives the present article upon Apis.

In all his lectures Dr. Lippe never stated that any remedy upon which he was lecturing was "good" for this or that disease. He carefully abstained from such assertions lest he be accused of "putting on the pathological livery." His way of lecturing was to at once plunge into the reading of the symptoms of the particular remedy considered, and to make comments upon individual symptoms as they occurred to him, such as that it was similar to this remedy or that, or contrary as the case might be.

These comments were not only highly instructive but they were also very interesting and sometimes amusing. The indications seemed to arouse in his mind a train of associations connected with his own large experience, and he would freely relate these incidents, which, being easily remembered and withal associated with the symptoms, made an indelible impression on the

student. The editor was not a writer of short-hand in those days, and so he is not able to reproduce Dr. Lippe's original style, nor to relate even a quarter part of the anecdotes which, unhappily, have faded from memory.

Imitating the plan of the great apostle of Hahnemann as well as possible after the lapse of twenty-seven years, we consider the mind and disposition of Apis.

The Apis patient is exceedingly restless and continually changing his occupation. He or she quickly tires of any occupation and of any company he may enter. He does not know what to do with himself, and feels that he has no control over his will. This makes him very unhappy. He cannot remain in the society of one set of people, but seeks the company of others. He affects hilarity while he is really very depressed.

The restlessness of Apis is otherwise peculiar, especially in bed. The patient tumbles about the bed just like a kitten. This is especially true in scarlet fever and diphtheria.

This is similar to Aconite. The reader will remember a similar statement concerning Aconite in the September editorial.

The patient is much addicted to *whining* without having any just cause, or being able to assign any reason. He "moans during sleep and whines continually while awake." This whining is similar to Hyoscyamus. The patient "whines, but knows not why." See *Guiding Symptoms*. The Muriatic Acid patient gives deep groans significant of pain. These all are Dr. Lippe's own comments.

The editor ventures to add some comparisons of his own, picked up in the course of years of practice.

This *whining* is similar to Sulphur. Sobbing, moaning, groaning can be found under Cocculus. Mercurius has constant moaning, and China has moaning and whining during sleep.

Antimonium-tartaricum has continual crying and whining of a little child for three days. It sleeps only for fifteen or twenty minutes at a time.

In reference to this symptom of whining Dr. Lippe relates the following cases:

A young man, member of a prominent Philadelphia family,

was prostrated with typhoid fever. On the fourteenth day he was so ill he seemed likely to die. The chief symptom was moaning. "Not the deep, heavy moaning of Muriatic Acid," said the lecturer, "but a kind of whining without cause. This decided me to give Apis. He was relieved, and he made an excellent recovery."

"A few years later this same young gentleman was seized with small-pox. On the third day, the eruption ceased to develop and showed a disposition to disappear. At the same time the urine was suppressed. Not a drop of urine was passed for twenty-four hours. The same mental symptom cropped out as when he had the typhoid fever—constant *whining*. Nobody had ever told me to use Apis in small-pox. But there was this mental symptom. I gave Apis and the next morning the chamber was full of urine and the pustules came out as large as grapes. This was followed by an excellent recovery and *without pock marks*. Thus I confirmed this symptom in two widely different diseases. In old-school treatment when suppression of urine sets in, in small-pox such cases are hopeless. In this case not two hours had passed after taking the Apis before urine began to pass in abundance."

Dr. Lippe frequently quoted this experience with Apis years after he had ceased to lecture, and once he published it in *The Hahnemannian Monthly* from which it was copied into THE HOMŒOPATHIC PHYSICIAN.

Apis is the most important remedy in the jealousy of women ; "perhaps," suggested Dr. Lippe, "because the honey bee is the most jealous creature in the world ; one which will not tolerate a rival."

Apis is apt to be the remedy for delirium occurring from suppressed scarlet eruption.

The Apis patient is awkward and breaks things. He drops things. This is similar to Bovista, and Hellebore.

It is Guernsey's keynote to Hellebore.

The editor adds the following notes :

Apis ; a girl generally careful, suddenly became awkward, and let things fall when handling them (Hering).

Natrum-muriaticum ; drops things from nervous weakness.

Kali-carbonicum ; weakness of left wrist, causing patient to drop things (David Wilson, of London).

Sepia, Cuprum, and Stannum, as well as Apis, Bovista, Hellebore, Natrum-muriaticum, and Kali-carbonicum, the remedies already mentioned, have this same symptom of awkwardness and dropping things.

The Apis patient screams out or shrieks in his sleep. This is called by the French the "Cerebral cry." It is indicative of congestion to the brain, and is common in children.

This last symptom completes the survey of the mental symptoms of Apis. It has not been the intention to write an exhaustive article, but merely to call attention to some of the most prominent mental symptoms which were commented upon by Dr. Lippe in his admirable lectures. The best idea of the mental symptoms of Apis, for those who desire more detail, can be gained from a perusal of the pathogenesis of Apis in Hering's *Guiding Symptoms*.

Next month we will speak of some other characteristics of Apis.

PSORA—ITS NATURE.

FRANK W. PATCH, M. D., SOUTH FRAMINGHAM, MASS.

MR. CHAIRMAN AND MEMBERS OF THE BENNINGHAUSEN CLUB :—It is with considerable hesitation that this modest paper is presented to the members of the club to-night, not only on account of a vivid memory of the valuable contribution read at the last meeting, but also with a certain awe of the magnitude of this subject which the revered Hahnemann spent so many years in elucidating, and which he finally left imprinted at every line with the image of his vast intuitive and empirical knowledge.

At best I can only endeavor to lay before you a condensed picture of the position which this miasm occupies, theoretically and practically, in the mind of the homœopathic physician of to-day as gleaned chiefly from the writings of Hahnemann and his co-workers.

Since his time so little has been added to the literature of the subject, and so many of his self-styled followers have drifted from even a knowledge of the first principles of the doctrine as taught by the master, that we find it hardly worth the time needed to con the general homœopathic writings of our present period in the expectation of securing anything of value.

At the outset let us inquire into the nature of our subject. What is its genesis? in fact, what are we to understand by the term psora?

The ancient Greek writers define it as "any cutaneous disease attended with abundant exudation, pustulation, and crusting." Hahnemann classes it as a "chronic miasm," yet Foster defines "miasm" as "a morbidic emanation which affects individuals directly—*i. e.*, not through the medium of another individual." This, however, we do not understand to be always a condition of psora. Hahnemann evidently held a different view of the meaning of the term in question. He distinctly states that he designates the name psora, "a general term" (*Chronic Diseases*, p. 21, Vol. I), intended to apply to the "internal enemy" or "disease;" "a sort of internal itch, which may exist either with or without an eruption upon the skin."

After long observation and study of the nature of disease, Hahnemann concluded that all chronic disease originated in the three miasms, syphilis, sycosis, and psora, the last being the fountain-head of all chronic, non-venereal ailments except those caused by bad medication or the fumes of certain minerals.

It seems evident that Hahnemann found that far back in the early time, long before the history of mankind began to be recorded, there had sprung up on earth what might be termed the spirit of virulent, self-developing miasmatic disease, known only by its successive groups of symptoms, and changing with each cycle of its appearance.

This disease essence or ego had, throughout all time, perpetuated itself in varying forms, yet always with the same death-like grasp had held its numberless victims.

At one time the dynamic disturbance had manifested itself as a malignant itch, at another as leprosy; again, "the plague,"

small-pox, and so on. In Hahnemann's own time the itch was its most prominent form, and who shall say that the recent epidemic influenza is not the latest evidence of the hold which this hydra-headed monster still has upon the inhabitants of earth.

To this disease ego Hahnemann has applied the name of *psora*.

This seems to us the broadest interpretation which it is possible to apply to the term and the one most strongly borne out in the writings of our esteemed master.

The fact of the non-acceptance of Hahnemann's theories of chronic disease by so great a part of the homœopathic world to-day may be, in part, due to the somewhat general feeling that his teachings refer solely to the itch, which a superficial reading of his writings might imply, as the source of the multitude of non-venereal chronic symptoms met with in practice.

That Hahnemann did not so intend to teach we feel most confident, and that the time of his birth may have had something to do with the prominent position which the itch occupied in his theories of disease is more than probable. During, and for many years prior to his time, scabies was prevalent to a great extent among all classes of people. It was considered by the majority of physicians then, as to-day, a purely local skin disease (*Chronic Diseases*, p. 130, Vol. I) now thought, additionally, to have its source in the acarus and to end with the extinction of this offender.

The presence of the parasite has been so easy of demonstration, so very evident to all observers, that the anti-Hahnemannian here found one of his most bland arguments against the dynamic origin of *all* diseases as elucidated by our first teacher. To those who elect to follow his lead, however, this seeming mountain proves no stumbling-block, for would we not as soon seek the true cause of gonorrhœa in the gonococcus as that of scabies in the acarus? This point of view illustrates the value of a working basis of natural law, in that each of these affections falls into our well-known channels of knowledge without confusion or debate.

We all understand, it is true, that the animal parasite, the *acarus*, is a nearly constant accompaniment of the disease in question, but as a result rather than cause, and it is equally true that the death of the parasite by germicidal methods is *not* the end of the disease, monstrous authority to the contrary notwithstanding.

Hahnemann announced his discovery of *Similia* in 1796; published his *Organon* in 1810, but it was not until 1827, in his seventy-third year, that he announced to his followers what he considered his most important discovery—the “Theory of the nature of chronic disease.” Indissolubly incorporated with this discovery was the doctrine of *psora*. Instead of, as is often told us, this discovery being an hallucination of his second childhood, it would seem to the impartial student of his life that it was the product of his ripest years of thought and experience, being a direct succession to the production of the *Organon*. The causes leading to this discovery may be gleaned from his writings, as when we read that “Ever since the years 1816 and 1817, I had been employed day and night to discover the reason why the homœopathic remedies which were then known did not effect a true cure of the above-named chronic diseases (non-venereal). I tried to obtain a more correct, and, if possible, a completely correct idea of the true nature of those thousands of chronic ailments which remained uncured, in spite of the incontrovertible truth of the homœopathic doctrine” (*Chronic Diseases*, p. 18, Vol. I).

Hahnemann observed “that a previously existing itch was the cause why many diseases that appeared to be separate and coherent maladies should not be cured by homœopathic treatment.” “All the subsequent sufferings were dated from the time when the psoric eruption had manifested itself.”

“These circumstances, coupled with the fact that psoric eruptions which had been removed by evil practices or by some other cause were evidently followed in otherwise healthy persons by chronic ailments having the like or similar symptoms, left me no doubt about the internal enemy which I had to combat in my medical treatment” (*Chronic Diseases*, p. 20, Vol. I).

Hahnemann arrived at this conclusion after years of study and application, and the repeated observation of the failure of the ordinary homœopathic remedies to effect satisfactory cures in the host of chronic non-venereal diseases.

He says: "I observed that the non-venereal chronic diseases, even after having been repeatedly and successfully removed by the then known homœopathic remedies, continually reappeared in a more or less modified form, and with a yearly increase of disagreeable symptoms. This proved to me the fact that the phenomena which appeared to constitute the ostensible disease ought not to be regarded as the whole boundaries of the disease—otherwise the disease would have been completely and permanently cured by homœopathic drugs, which was not the case; but that this ostensible disease was a mere fragment of a much more deep-seated, primitive evil, the great extent of which might be inferred from the new symptoms which continued to appear from time to time. This showed me that the homœopathic practitioner ought not to treat diseases of this kind as separate and completely developed maladies; nor that he ought to expect such a permanent cure of these diseases as would prevent them from appearing again in the system, either in their original or in a modified and often more disagreeable form. I became convinced that the first condition of finding out one or more homœopathic medicines which should cover all the symptoms characterizing the whole disturbance was to *discover all the ailments and symptoms inherent in the unknown primitive malady*. The medicine being found out, the physician would then be able to conquer and completely to extinguish the whole disease, together with its successively appearing groups of symptoms. This primitive disease evidently owed its existence to some chronic miasm" (*Chronic Diseases*, p. 19, Vol. I).

"Psora," he says, "is the oldest, most universal and most pernicious chronic miasmatic disease; the oldest history of the oldest nations does not reach its origin." "Unless it is thoroughly cured, it lasts until the last breath of the longest life. Its secondary symptoms have become innumerable. All chronic ailments now existing, which have not been produced by bad

medical treatment, or by the fumes of quicksilver, lead, arsenic, etc., originated in psora as their fountain head." Hahnemann finds records of psora among the annals of the oldest peoples. The "Israelites," the "Greek barbarians," and the "Arabs" were infected in one or another manner. The uncivilized peoples of the Middle Ages were not less diseased, and the frightful plagues that visited Europe at different periods and from varying causes, malignant erysipelas, leprosy, etc., etc.—he attributes to the rage of the same disease force.

Now, in the light of our present knowledge, just what conclusions are we to reach concerning the application of this term "psora"? a name that meant so much to the first Hahnemannians, and that plays so important a part in our nomenclature of to-day. Frankly, we deem that the word conveyed a far broader meaning to the mind of Hahnemann than a simple symbol for the acarus poisoning, as some of our friends would fain have us believe, or even the result of the repellant of the itch. For instance, he says at one time that "the psoric eruption which appeared after infection had taken place, and which, in civilized countries, had been reduced to a simple manifestation of the common itch, was easily driven from the skin by all sorts of contrivances." Again: "During the centuries when the psoric eruption was first known in the form of leprosy, patients, though they suffered much in consequence of lancinating pains in the tumors and scabs and the vehement itching all around, enjoyed, nevertheless, a fair share of general health" (*Chronic Diseases*, p. 26, Vol I). And further: "The milder forms of psora which appeared again during the fourteenth and fifteenth centuries in the shape of the itch infected a far greater number than the leprous patients were able to do, whose frightful appearance caused them to be avoided by everybody" (*Chronic Diseases*, p. 27, Vol. I). In speaking of the comparative results of leprosy and the itch Hahnemann says: "There is another disadvantage, which is this, that the essence of this reduced psora (the itch) is unchanged; that it is equally formidable as before, and that, being more easily repelled from the skin, it appears so much more imperceptibly upon the inner

surfaces. The chief symptom, which is the external eruption, having been suppressed, it produces an innumerable quantity of secondary chronic ailments" (*Chronic Diseases*, p. 27, Vol. I).

In his long observation of chronic diseases Hahnemann learned that some undiscovered principles underlay the whole subject; that a natural law, more far-reaching than any yet taught, governed the appearance and disappearance of chronic complaints. He saw in the successive inroads of plague after plague during the previous centuries a connecting influence of causation which rendered it impossible for him to accept each as a passing circumstance.

In Hahnemann's time and for the previous half-century or more, scabies was a very prevalent disease in Europe. All physicians found ample opportunity for observation of its characteristics. Hahnemann, in common with others, noted the evil effects of suppression of the eruption, and details many cases in proof.

But he alone connects the itch disease with other manifestations of the so-called psora which had existed from time immemorial in varying forms.

Judging from several passages in the *Chronic Diseases*, we feel that Hahnemann recognized a difference between the prevalent "common itch" of his own day and that which he mentions once or twice as a "malignant itch" occurring in ancient times, though this difference was but in degree, as he elsewhere states that "names are of no consequence here, since the essence of this miasmatic itch is everywhere the same" (*Chronic Diseases*, p. 25, Vol. I).

We cannot understand that Hahnemann intended to teach that *all* secondary or latest psoric symptoms *were* the direct result of the suppression of the itch disease, as witness what Grauvogl says on this subject:

"Whoever made clinical studies at a time when the itch was to be found spread over all parts of the cutaneous surface, except the face and genitalia, and had only been suppressed by external means, has observed very frequently, even during this external treatment, the sudden occurrence of fatal inflammation

of the brain or lungs, diffuse gout, dropsy, etc. At the same time, no other cause could be found for this than the change of all the functions of the cutaneous surface by the itch and its injurious treatment.

"Thus, he had even the sensible perception thereof, yet thought as little of pronouncing the itch mite the *only* cause and condition of these diseases as he would declare the operation for rectal fistula as the only cause and condition of the tuberculosis following it" (*Text-Book of Homœopathy*, p. 272).

Physicians of this vicinity see, at the present time, comparatively little of the itch, nor have they for many years; yet there is no apparent subsidence of psora. It seems that at certain periods of earth's history psora has presented what might be termed *grand* manifestations. These upheavals vary according to the conditions of the life and environment of the time, both as regards character and severity. As examples of this theory, we would mention leprosy, which Hahnemann classes as a psoric disease, and which he says was so prevalent in the year 1226 that there were in France about two thousand houses for the reception of patients. Again, we have small-pox, at one time the most prevalent disease. At the period in which Hahnemann lived the itch was the centre of attention, and it is probable that we have recently passed through still another minor *grand* period of psoric eruption, as before stated, in the character of the epidemic influenza of the past five years.

These prominent periods of disease would seem to correspond in nature somewhat to other phases of evolution, a cogent example of which may be seen even in the animal kingdom, where we find a continual change going on as time proceeds.

There was a period, we are told, when egg-layers were the predominant animal race; then came the marsupials, overrunning the earth in great abundance, and, still later, the saurians.

Now, at the present day egg-laying animals are reduced to a few families, but, at the same time, have evolved into another branch—the bird family. Of the intermediate group, the marsupials, we have left only the kangaroo, while the saurians also are nearly extinct, and so on; yet there are *still to be found*,

even at this late day, examples of each of these ancient periods of prominence, just as we find remnants of past races in the Zuñi and like peoples left behind in the whirl of evolution. The point we desire to illustrate is this: that after any great periodic upheaval of psoric disease we are not to expect comparative disappearance of the particular disease in question under a long period of time, nor complete immunity under a great many years, if at all.

That certain diseases are now prevalent is not an argument against their psoric character or their periodic position in the cycle of disease.

Even now we have on earth examples of animal families practically extinct long before the beginning of the history of man, just as we still meet examples of disease which were at their zenith of psoric disturbance before the history of medicine was thought of. These are not seen at present, however, in great or epidemic prevalence, but as sporadic cases, limited epidemics or endemic to certain localities. Just what proportion of influence in the disappearance of the *grand* manifestations of psoric disease is due to police regulations and boasted discovery of peculiar methods of causing artificial immunity, and what to the fact of the subsidence of the telluric or other dynamic disturbance that created them, would be most interesting to know.

Our great mistake in the study of disease as a whole is, as Hahnemann often pointed out, the separating of its every manifestation into disconnected segments, and forgetting its dynamic origin as well as its greater consecutive nature and successive development. We attempt to cure the particular condition in hand, having little regard for the spiritual ego, without which the disease would be *nil*.

What a subtle connection is there binding together the seeming vagaries of the life force! We know that all disease originates in the vital centres, not only because Hahnemann said it, but because, when we stop to think, we know that everything on earth is dynamic in origin, and that dynamic laws control every vibration of life from the atom upward. What we need is to discover the action of these laws if we would

reach the seat of disease, instead of wasting time on less important questions.

Psora, the "mother" of all chronic non-venereal diseases, as stated by Hahnemann, is always, in its original attack, accompanied by an eruption or other manifestation on the surface of the body which appears within a few days after infection; if it take the form of the itch disease, it may, we are told, be speedily cured with one or two doses of homœopathically prepared Sulphur. But if the internal disease is neglected, and attention directed simply to suppression of the eruption by harsh, external measures alone, which in this case may easily be done, we have brought about a condition of "latent psora" which stands ready at all times to break forth into a long line of secondary symptoms or diseases, which often keep up a sort of hide-and-seek with health as long as life lasts. The exact character of these symptoms is governed chiefly by the constitution and environment of the patient, and it is from among their number that most of the chronic diseases which are met in daily practice are drawn.

This matter of the evil results of suppression seems to be an axiom of disease life. Its gravitation toward the surface of the body can be disturbed no more than that of steam in a boiler, as is evident not only in the *grand* periodic upheavals of psoric disease, but also in those miasmatic troubles classed as secondary psoric conditions by Hahnemann. This is the case with intermittent fever, which, he says, will never attack a person not under psoric influence. We know, moreover, that the same law holds good in the acute diseases characterized by eruptive processes, and also that the evil results following such suppression are often prolonged for many years, rivaling, in severity and depth of disturbance of the vital forces, psora itself. And yet, strange as it may seem, we are still taught that in *chronic* diseases suppression is the chief end to be sought, and this state of affairs will probably hold sway until it is possible to institute investigations and compile statistics covering long enough periods of time to prove these facts to the mathematical majority of the profession.

The patience of a Hahnemann is as essential to-day as ever if we expect to see our tenets become the recognized law of all. In searching for outside reference to Hahnemann's theory of chronic diseases, some interesting remarks by Grauvogl were brought to light, in which he complains of the "schemata" of Hahnemann, in that "these form too much of a chaos, they lack that precision of form which would enable one to infer the law underlying them. But," he goes on to say, "that here these phenomena *are* controlled by a natural course of events from given elements, admits of no doubt." The same versatile author says that Dr. Reuter, of Nuremberg, "declares he has observed in chronic diseases, during his practice of many years, stages, like those which mark acute diseases, in the various forms of the reciprocal action of the acarus poison within the organism. He gives the following characteristics as regards the succession of stages in diseases arising therefrom, provided that up to the last stage no medical aid had been sought: 1. Gastroses; 2. Catarrhs; 3. Hemorrhoids; 4. Sweat of the feet; 5. Hoarseness; 6. Headache and toothache; 7. Diseases of the eyes; 8. Diseases of the ears; 9. Prurigo of the trunk, Furunculosis; 10. Swelling of the cervical glands; 11. Rheumatisms; 12. Swelling of the axillary glands.

"His experience indicates to him an aggravation of the general constitutional status, if, after a disease from among those named under these numbers had passed by, another of a higher number makes its appearance.

"The whole series, for the most part, refers to adult age; and if, for example, one suffered from chronic inflammation of the eyes, it was highly probable that the chronic ailments from 1 to 7 had been present in previous years.

"In like manner he takes it to be an extension of the acarus disease; if, after that inflammation of the eyes, even though it had been cured, there should subsequently appear diseases of the ears, prurigo, rheumatism, or swelling of the cervical or axillary glands" [*Text-book of Homœopathy*, part II, p. 228].

The same author further says:

"Since I am, moreover, obliged for the easier comprehension

of chronic diseases to mention those thereof which, according to Hahnemann, contain the productive stage of his psora, and because Hahnemann simply enumerated them without any grounds of classification, I am induced, by Reuter's observation, to introduce them according to the above-named succession, for it contains, at any rate, a leading principle for further investigation."

That there is some basis of fact in these observations of Reuter and Grauvogl is more than possible, and they may sometime serve as a beginning of further investigations along the same line.

It would seem as though the case records of those who examine patients according to the rules laid down by Hahnemann should throw much light upon the subject.

The glory of Homceopathy in general, and the fame of any Hahnemannian in particular, must ever rest in great part on superior results in the treatment of chronic diseases, and we should push ahead in this field with all vigor.

One of the chief arguments of those who oppose the doctrine of psora is that "Mr. Blank never had the itch; we *know it*." Granted! Yet we contend that he may be a victim of psoric poison, for the secondary symptoms of this dread condition seem to be directly transmissible through we know not how many generations.

The point is not only whether a given patient has ever been treated by external, violent measures for scabies, or had a leprosy sore suppressed, but is he afflicted with psoric disease, as evidenced by any chronic, intractable ailment or group of secondary psoric symptoms laid down by Hahnemann in his masterly work on *Chronic Diseases*. If so we may feel very confident that our patient either in his own person or that of some progenitor has been a victim of one of the periodic grand manifestations of ancient psora, the most persistent miasm of which we have record. Knowing this, if we value our patient's future condition of health, and our own professional reputation, let us endeavor to give him the benefit of the best antipsoric treatment of which we can attain knowledge.

A CONSIDERATION OF SOME OF THE OBJECTIONS OFFERED BY PHYSICIANS TO AMALGAM FILLINGS. *

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MR. PRESIDENT AND GENTLEMEN OF THE RHODE ISLAND DENTAL SOCIETY :—For the invitation to be present upon the occasion of this your semi-annual meeting, and to present for your consideration a paper which I have already given to the profession through the medium of the *International Dental Journal*, entitled "Injurious Effects of Amalgam Fillings," permit me to offer you my cordial thanks and appreciation. But, having a natural delicacy in reading before any society a paper which had already been given to the whole profession, it occurred to me that I might be able to give you some new thoughts for a profitable discussion upon the same subject somewhat modified, a subject in which both medical and dental professions seem to be equally interested.

If I appear to have very positive thoughts or convictions upon a subject in which I have become deeply interested during the past two or three years because of the trouble I have taken to investigate the merits of the statements made by physicians, and to see whether such statements were confirmed or not by actual cases in practice, be assured it is not from any desire or purpose of making dogmatic assertions which will not admit of verification, or which rest upon no logical or scientific foundation, nor for the purpose of commending or condemning any school or system of medicine ; but because we have found a firm conviction among physicians of both the two great schools of medicine that amalgam fillings often prove a great obstruction to the action of indicated remedies in the treatment and cure of the sick, and because we are often requested, either by patients themselves or by the physician in whose care such patients may

* Read before the Rhode Island (State) Dental Society, at their meeting held in Providence, R. I., Tuesday evening, January 8th, 1895.

be, to remove all amalgam fillings in their teeth, and to substitute some other material in the place of them.

Having met with an opposition then which commands attention, if not, indeed, respect, it becomes us to inquire into its reasonableness or unreasonableness, to either prove or disprove the statements made, to the end that we may at least be able to discuss the subject intelligently, not only among ourselves, but with our friends of the medical profession.

Many of us, no doubt, are at first nettled by what seems to be an unwarranted interference upon the part of physicians with all who are practicing our specialty in a seeming dictation as to what we shall or shall not use as suitable filling materials, and our first impulse is to ask such patients as may be sent to us for the purpose of having their amalgams removed the question, "What crank have you for a physician?" and then proceed to inform those patients that such advice is the most veritable bosh, humbug, or nonsense.

After we have relieved our minds to a certain extent by dwelling upon how little the physician really knows about amalgam fillings, or indeed about anything else pertaining to the treatment of the teeth or the diseases of the oral cavity, there comes the thought that the work of removing the fillings and substituting something else in their place is not to be done without pecuniary recompense, so we finally conclude to waive any further discussion with the patient, simply remarking, "Very well, if you are determined to have the fillings removed and something else inserted in their place, and don't mind the unnecessary expense, why, that is your affair, only I want to assure you that physicians don't know what they are talking about when they declare that amalgam fillings can ever exert any injurious effect. Dentists have been filling teeth with this material for fifty years, and I tell you what all dentists *know*, that there are no injurious effects whatever from amalgam fillings."

This, perhaps, is a fair statement of what comes into our minds to say when patients present themselves for the purpose I have stated. Such thoughts I myself have frequently given

expression to in the past, for the reason that I had always been a great sceptic as to the truth of the assertion that amalgam fillings could ever possibly offer any obstruction to the action of medicines, and because I had never taken the slightest trouble to investigate the statements of physicians upon the point at issue to satisfy myself of their accuracy or inaccuracy, and it was easier, I found, to make a general denial or a dogmatic assertion to the effect that amalgam fillings never exerted any injurious effect than it was to attempt to give a reason, based upon any real scientific knowledge to give it value, why they were not. And, furthermore, I had found that amalgam, or rather copper amalgam, was too valuable a material for preserving the teeth of my patients to be lightly discarded either because of some whim of the patient or because a certain few in the medical profession did not approve of it.

But there came a time when it was a pleasure to me to take up the matter, and to investigate the statements made by physicians without prejudice, and because of the satisfaction which comes from being able to give a reason for one's convictions when called upon to defend them ; to show the philosophy of your reasoning and the faith that is in you.

Simple assertions and denials any one can make, nor is it necessary to say they generally count for nothing, but one fact or principle evolved by inductive and deductive processes of reasoning, and plainly demonstrated by actual experiment, so there is no way of getting around its acceptance, is worth a thousand idle or thoughtless assertions from you or me, which prove nothing, having nothing but an individual opinion back of them on which to rest.

A man need never hesitate to have positive convictions or the courage to express them however much others may differ with him, or for fear of their being held up to ridicule, provided he is able to defend them with logical reasons, and while I do not come before you to make the assertion, much less to prove to you beyond all question of doubt that amalgams are *always* a source of evil ; that they invariably prove a great obstruction to the action of indicated remedies in the treatment of the

sick, and that they should never be used under any conditions, I do come here to say frankly that it is my belief they very often do this from what I have learned by observation and from the study of the action of drugs ; and, let me say further, that I believe we should never at least refuse to comply with the instructions of the physicians when patients come to us to have their amalgams removed even though we choose to consider and to use amalgam as a valuable filling material under certain conditions.

It is probably true that the strongest protests against amalgam fillings come from the homœopathic school of medicine, but it is by no means confined entirely to that school. I have had patients come to me from physicians of the allopathic school, for whom it was claimed they could do absolutely nothing in the way of effecting permanent cures until all amalgam fillings were removed, and doubtless my experience in this respect has been but that of many of you.

What, then, are the objections offered by physicians to amalgam fillings? Briefly stated, they may be narrowed down to one principal and all-important one, and to that one objection I shall try to confine myself, and to base my arguments and statements upon as logical and scientific reasoning as I am capable of.

Starting with the premise, then, that it is the Mercury alone which is conceded by physicians in both the two great schools of medicine to be a source of evil, and which has proved to act as such an obstructive agent in many cases to the proper curative action of a given medicine, it behooves us to demonstrate in what particular way this fact is made evident, and this brings us, in the beginning, to the subject of the susceptibility of people in general to the action of drugs, medicines, poisons, or noxious influences of various kinds.

Let us take a few illustrations.

A person whose system or vital force is at any particular time peculiarly susceptible to Arsenic cannot sleep in a room the wallpaper of which contains Arsenic without acquiring symptoms of arsenical poisoning, while another person may sleep in the same

room for an indefinite period and never suffer any injurious effect.

Another person, who is peculiarly susceptible to Phosphorus, may work in a match factory, or, indeed, have but to take a few inhalations from a bottle containing Phosphorus in a very high potency, to develop phosphor-necrosis of the maxillary bones or other symptoms of Phosphorus poisoning, while another person would develop no such symptoms in either case.

Still another person has but to walk through or even near a bed of poison ivy to get well-marked symptoms of ivy poisoning, while another person can walk through the bed or handle the leaves with perfect impunity.

Many people at a certain season of the year are susceptible to some peculiar force or influence in the atmosphere, and become regular victims of what is known as hay fever, with symptoms peculiar to that affliction, while others never have it.

In like manner others are peculiarly susceptible at times to the micro-organisms which are said to be productive of the so-called infectious diseases, and give unmistakable evidence that such susceptibility is not a product of their imaginations, while others suffer no ill effects from exposure to them. Similar illustrations might be cited without number.

What inferences or conclusions, then, are we to draw from such observations?

First, that there is some force existing which we can neither see, feel, taste, or smell, much less catch in our hand and place upon a glass slide, there to subject its molecules or substance, whatever it may be composed of, to the search-light of the microscope, with the hope of finding some faint evidence or trace of the crude material of the drug, poison, or germ.

No such attempt to catch and discover the hidden, inmost power of that invisible and yet unmistakable force is possible. To discover how highly potentized, or how infinitesimally small its molecules may be, is simply beyond all human power, and yet we have seen certain manifestations, or, rather, actual pathological conditions, produced in systems susceptible to such

forces, attended with a train of symptoms in each instance peculiar to that drug or germ alone and to no other.

Equally manifest is it that this force has been directed, not upon the material organs or tissues of the body, but rather upon the vital force—that unseen and intangible something that constitutes the sole difference between a live man and a dead man; and, furthermore, that this vital force has been thrown out of its normal equilibrium for the time being by this drug force, as shown by the lack of harmony among the various organs or tissues of the body in properly performing their functions.

These illustrations, it seems to me, should be sufficient to make us realize that it can never be a question of how many grains or drachms or ounces of any drug or poison it may be necessary to give either in the treatment of disease, or how many grains or ounces it may require to throw the vital force out of its normal equilibrium, and to produce a want of harmony among the organs and tissues in properly performing their functions; for, were that the case, on the ground that a tenth of a grain of a given drug was a good curative dose, a half-grain ought to be a still better one; and if a half-grain is a good thing, a whole grain is still better; and if a whole grain, why not an ounce? and if an ounce, why not a pound, and so on *ad infinitum*?

Upon this same line of reasoning, a large dose of the crude material should be much more effectual in producing disease than one so small that its molecules could be neither discovered nor measured, where all that was left of it, in fact, was an invisible yet unmistakable force.

Rather, gentlemen, must we recognize and admit the fact that, when the vital force has left the body, the material organs and tissues have no further use for drugs; for, if drugs are given for the purpose of exerting their action upon the material organs and tissues themselves, why should they not prove just as effectual after the vital force is no longer there to animate them?

Does it not stand to reason, then, that this vital force is, what Hahnemann affirmed it to be, a spirit-like force, and which, when becoming diseased, must be treated or met with a similar spirit-like or dynamic force rather than with a crude material one?

What else can such forces as I have already referred to be if *not* dynamic in their very nature? How else can we explain either their nature or account for their action? for, surely, they cannot be said to be directed effectually upon the organs and tissues of the body themselves in a live man any more than they can make their influence felt upon the same organs and tissues in a dead man.

Keeping in mind, then, this fact, that it is the vital force which must always be met with a similar dynamic force when a drug is given for its curative effect in restoring harmony among the tissues and equilibrium to the force which governs them, let us try to discover what its nature must be, though the scalpel, the microscope, or a dozen other agents or means that we might employ would never help us to catch and examine it.

In the study of embryology and zoology the microscope has given us visible demonstration of the fact that all life is cell-life, and that such life is manifested in many of the lowest forms of the vegetable and animal kingdoms by the existence of but a single cell. Conversely, the study of pathological anatomy, which is but a manifestation of perverted life, or what we call disease, has taught us that all disease is cell disease. The human body being made up of multitudes of cells, and millions upon millions of them being so minute as to be well-nigh invisible with the highest powers of the microscope, it is clear that a medicine, in order to reach and affect them, must be equally minute; for, in order to reach them, it must enter them, and to accomplish this it must be smaller than they.

A well-known writer has said that "food, to be appropriated by the body must go to the stomach and be digested, pass from the stomach and be assimilated, but that medicine, to be effectual, should not travel this route; digestion would destroy it. It should be so minutely divided that the open-mouthed absorbents swallow it as soon as it comes in contact with the mucous membrane of the mouth. Thus unchanged it enters the circulation.

"A group of cells in a remote corner of the anatomy are hurt and crying out for help. Help is on the road—over the trunk

lines—past the way-stations, out on the local road, recognized by every road official, *en route* and hurried unerringly to its destination. No need, then, of further concern or anxiety. If the doctor has selected well the drug will reach its destination.”

Now, before touching upon the action of drugs and the only correct and scientific way, as I believe, of studying this action, let us, before leaving the consideration of this vital force and those unseen forces which we have shown can so easily throw it out of its normal equilibrium, call to mind the doctrine of the conservation of energy, which declares that force can never be destroyed whatever its changes in manifestation may be, as having an important bearing upon the subject we are considering, and after we have learned how to study the action of drugs, scientifically, because of studying such action in accordance with a well-established law of cure, and have also studied carefully the laws which govern this action, we shall then be able to recognize that this physical law is no less applicable to drugs and their dynamic action, even though the force is shut up in an amalgam filling and apparently inert, than it is to a simple piece of charcoal, which needs but a spark to make more manifest the hidden energy stored up in its component parts, and upon the liberation of which may show itself subsequently in manifold form, such as heat, vapor, gases, and all the compounds of both organic and of inorganic life.

Unless we thoroughly understand and accept this doctrine as one of the established laws of the universe, we shall not be likely to understand the action, or, in other words, the energy of drugs when potentized and the laws which govern it, for the energy which lies hidden in the mercury of an amalgam filling is none the less potent and subject to these same laws than it is either in its crude state or as a component part of some compound other than an amalgam filling.

Coming, then, to the study of the action of drugs, the inherent energy or force within them when potentized, how best shall such study be made? Having shown conclusively how persons in perfect health may show a well-marked susceptibility to the influence of certain drugs, poisons, or other noxious in-

fluences, let us take some one drug—Arsenic, if we please—and potentize it; that is to say, take a particle in its crude form, and develop its potentiality, or rather its dynamic force, through a continuous division and subdivision of its molecules until this force is made apparent, and we are prepared to answer the assertion of the sceptic—that there is no more medicinal effect to this force in the form in which we have it safely bottled up than there would be in a pail of pure spring-water, by an actual test of this force upon the healthy human subject.

Continuing the process of the subdivision of these molecules we shall eventually reach a point when the microscope will no more reveal a single molecule or trace of the crude material of the Arsenic than it would if we could catch the molecules of the same drug or force of that drug which poisons a person who sleeps in a room whose wall paper contains Arsenic, and try to discover those molecules or single molecule with the microscope's highest powers. And yet there is still a molecule of Arsenic left of our original particle that we started with, for who would wish to assert that when a molecule has been divided and subdivided for an infinite number of times there has been a limit reached to its further subdivision? Are there any boundary laws by which Infinity may be measured? No, not one.

Being in a position where we can now assert with a considerable degree of positiveness that we have evolved or set free the dynamic force of the Arsenic, or developed, in other words, its real medicinal properties, let us prove this fact or assertion; for bear in mind we are not to accept the assertion with that "happy blind faith of childhood," nor because somebody says it is so. If there is any force there we shall be able to prove it. In what way? By giving a very small quantity of it to persons who are in perfect health. Those who are at all susceptible to Arsenic will get what are called provings of the drug, or in other words, symptoms which are peculiarly characteristic of that drug and of no other. Those who are not susceptible to it will not be affected by it, in other words, will de-

velop no unpleasant symptoms simulating distinct pathological conditions. By proving drugs, as it is called, upon the healthy human subject, we find that each one has the power of producing symptoms characteristic of that drug and different from those produced by other drugs.

Now, as regards Mercury, it has been found that this is not only one of the most poisonous, but one of the most deep-seated and deep-acting of all drugs. Not only this, but it is one of the most difficult to eliminate from a system that has once been susceptible to its toxic effects. Indeed, its physiological effects in patients often come under our observation within the field of our own special work. It is a powerful antidote to various drugs, and it is because of its antidotal action that it proves such a powerful obstruction to the action of such medicines as the physician finds it necessary to prescribe.

Now, let us suppose a patient with some chronic affection, which has failed to yield to any kind of previous treatment, consults a homœopathic physician, for example ; and by this, I mean one who, in the practice of his art, adheres rigidly and strictly to the law which lies at the very foundation of Homœopathy. He makes a careful diagnosis of the case from the symptoms present, and makes an equally careful selection of the medicine which is found to reach the totality of such symptoms, and which should promptly give evidence of its curative action. The vital force, it may be, responds quickly to the action or force inherent in the remedy, but its effect is only temporary, and the patient soon drops back again to his former condition. Other remedies are given as the symptoms change, with no better result, and at best the patient's condition is never more than temporarily improved. The physician is puzzled and baffled in his efforts to find the right medicine which shall produce a permanent curative action. He studies the case again very carefully. Likewise the remedy. It meets the totality of all the symptoms, and *ought* to cure his patient, but it doesn't, and why? because he knows there is something which is obstructing the action of the medicine, and he looks about to find what that obstruction is. He finds the teeth of his patient

have several amalgam fillings in them. He knows that Mercury is a powerful antidote to the drugs he has been using, and it must be gotten rid of before his patient can be cured. He therefore orders their removal; the dentist calls him a crank for suggesting such a thing, but what is the result of their removal? The medicines which failed to act, now have their proper curative action; the patient is quick to respond to them, and both acute and chronic conditions or affections are made to yield easily to treatment in consequence of the removal of the obstruction.

This is the whole philosophy in a nutshell, gentlemen, of the reason why our most accurate and careful prescribers of drugs in the medical profession are so much opposed to amalgam fillings on general principles.

These men are the real thinkers, the philosophers, the men of science! Men who, like Samuel Hahnemann, one of the greatest physicians and scientists the world has ever known, argue:

“When we have to do with an art, one of whose ends is the saving of human life, any neglect to make ourselves thorough masters of it becomes a crime.”

And, arguing thus, leave no stone unturned to find the reason why their medicines often fail to do what is expected of them to do, recognizing and admitting the fact that if the art of medicine is founded upon a well-established law, and is, therefore, necessarily a science, the law itself can never fail, though the physician may fail in the application of it.

And yet we, as a profession, are inclined to ridicule and pooh-pooh the objection made by physicians to amalgam fillings without making any investigation into the merits of the objection, or even attempting to offer a reason why they may not act as a powerful obstruction to the action of indicated medicines, simply because we have found it serves a valuable purpose as a filling material.

Our work is of a specialized character, and is confined almost exclusively to the teeth and contiguous tissues. Beyond that we are not inclined to go. The treatment of disease has no

especial interest to us, excepting in so far as it is confined to our legitimate specialty. With the action of drugs, their properties, and method of evolving the dynamic force contained therein, we have no concern. It is much easier, and requires much less waste of brain tissue, to assert that we have never known any one who had been poisoned from having amalgam fillings in his teeth. How absurd to think they could be!

We, as dentists, approve of amalgam without taking the trouble to look into the merits of a disputed question, and that is sufficient. What do a few physicians know any more than we do about its injurious effects? Let us not be dictated to by the medical profession or a few cranks upon this subject. Let them mind their own business; we will attend to ours.

These reflections, gentlemen, express, I think, quite fairly the temper of our own profession upon the attitude which has been taken upon the subject under consideration. Let us, however, bear in mind the fact that it is an opposition which has come to stay, which cannot be simply ridiculed and then laughed away. It is bound to make its presence more and more manifest in the years that are to come—a prophecy I have no hesitation of going upon record in making—and we may as well make up our minds, now that the issue has been forced upon us, that the best way, the honorable way, and the manly way, is to meet the medical profession fairly and squarely, and to discuss the question with them upon friendly terms of equality as scientific men who are practicing our profession, as they are practicing theirs, with the single purpose of finding out the truth in all things for the truth's sake, and never hesitating to proclaim or to promulgate it when found.

The essence of all true progress in any line of study or work of investigation comes largely through the efforts and the enthusiasm of men who are engaged in such work, and as a result also of that interchange of thought among men each of whom may be working upon the same subject, though along different lines, but each one always keeping the same end or object in view.

To sum up, then, the least it appears to me that we as

dentists can do in order to get at the truth of the point at issue and to discuss the question intelligently with our friends of the medical fraternity is :

First. To study the action not only of Mercury but of other drugs as well both as to their toxic and their medicinal properties.

Second. To study carefully the laws which govern such action.

Third. To take a potentized drug and prove it upon one's self, or upon others, with a view to becoming satisfied whether or not there is that dynamic action or energy in them and possessing actual curative properties, which all who have faithfully studied them know they actually do possess.

Fourth. The ascertaining of what constitutes the vital force, and whether it is this force or the material organs and tissues of the body upon which the action of medicines is to be directed.

Fifth. A study of how this vital force may be thrown out of normal equilibrium ; in other words, its susceptibility to drugs or other harmful influences, whether in health or disease.

Sixth. The bearing of these discoveries upon the question we are considering.

My own investigations and observations from actual cases in practice have led me to conclude that the objections offered by physicians to amalgam fillings are founded both upon common reason and upon common sense. They have taught me never to refuse to comply with the instructions of physicians to remove amalgam fillings when so requested to do. They have taught me never to make dogmatic assertions or denials which did not admit of verification as to their accuracy, and finally they have given me that enthusiasm for scientific study which comes from an earnest effort and desire to take up a subject, and to investigate it thoroughly and patiently with the single purpose of finding the truth.

There is much I would like to say still further upon the subject were it not that I have taxed too severely, perhaps already, your time and patience, but I shall be most happy,

so far as I am able, to answer any questions that may occur to you to ask, and to make the discussion one not without profit to us all.

"THE TRUTH SHALL MAKE US FREE."

J. H. ALLEN, M. D., LOGANSPOUT, IND.

"He is a freeman whom truth makes free, and all are slaves beside." "Seek the truth: come whence it may, cost what it will."

The title of my paper may be said to be universal in its application. The truth alone can make us free. "True it is that knowledge comes, but wisdom lingers." Knowledge may be anything, but truth is wisdom. We theorize and we philosophize, and we draw geometrical lines and angles with wonderful acuteness, but frequently come wide of the mark. We are creatures of limitation, very much so, as we are only brought into relationship with a small part of this universe, therefore our reasoning, and our theorizing, and our philosophizing are in vain if we do not do so from some fixed principle. All knowledge not based upon some fixed principle, some law, is sure to be an uncertainty, and being an uncertainty it breeds empiricism, and empiricism, though it may have plausibility on the face of it to the casual observer, to the scientific mind, which analyzes its phenomena by applying some fixed law or principle, it loses that plausibility and becomes a thing impossible. And when we let in the search-light of truth upon empiricism we find chaos in place of cosmos, disorder and dissolution follow in its footsteps, and, like all chaos, it is constantly seeking a centre around which to revolve. Its relationship to a science is inharmonious, unsymmetrical, disconnected.

Truth's forerunner is light; its sky is sunshine; there are no clouds nor misty exhalations in its atmosphere, but a clearness and distinctness that can but be appreciated by one who has the light. It enables the true follower of Hahnemann to render unto Cæsar that which is Cæsar's, and unto Homœopathy that which belongs to it. If the principle is based upon

truth its developments are light, cosmos, and harmony ; but, on the other hand, if the so-called science is based upon man's empiricism, then surely chaos and confusion would follow, dissolution and death be its offsprings.

"More light, more light !" cried Goethe, the great poet, at his death, and the world has ever since been voicing the cry, but it has ended with nothing but a cry. Then let us get hold of the first principle of the universe, *truth*, and it will kindle in our minds a sun that will brighten up the dark places and give us a conception of things that are divine, and so broaden our mental field of vision that we may analyze them, not only through the gross materialism of our senses, but through the great avenues of the mind.

Our knowledge of law puts the keys of the universe in our possession and opens the shining doors of a true science. Being freed from darkness by the light of truth, our feet are placed upon the platform of the positive, and they who have the light, walk as a man having no fear, his step is one of firmness, his demeanor calm, and his presence instills into the mind of the sick and suffering one confidence, peace, and rest. He is a man of law, therefore, a man of power. Empiricism, which once held him as a slave, now, through the new light and his knowledge of law, he is made free ; his words are yea, yea, and nay, nay. He looks upon disease not through some name of man's prefix, around which are situated etiologies, times, sequels, stages, and conditions, but he looks upon the phenomena of diseases and meets those phenomena by other phenomena, which he draws upon from the different well-proven drugs. In the potent drop he sees his patient loosed from the bonds of pain, suffering, and death. Thus he reasons, if it is the truth it needs no expedient. A local application of heat or cold will not intensify its action. A poultice, a blister, or counter-irritant will not assist it in its dynamic contest with the forces that are battling for supremacy within. The cure cannot come from the mechanical forces from without, but by the dynamic forces within, aided by the magic touch of similia. While, on the other hand, we must naturally drift into empiricism, hav-

ing no clear conception of law so as to apply similia. You see expedience would be a natural consequence, make-shifts follow such uncertainty, and substitution be the natural order of things. "Here the truth half told becomes ever the blackest of lies," and the physician becomes a knave and a juggler in place of a man of science. I would not insult my readers by fully comparing him with this man of science save in a general way. In the first place we have order, in the second chaos; certainty in the one and uncertainty in the other. One is positive, the other is negative. One is acquainted with the truth and can apply it; the other knows not the truth, and, therefore, substitutes something for the truth.

Again, truth frees us from the bondage of custom; it was, and still is, to some degree, the custom to bleed, to blister, to cauterize, and to vaccinate, and the day was when custom would seem to demand it of us. But our knowledge of the truth of pure Homœopathy came forward in the power of its omnipotence and said, *no!* When we follow custom we wear the grave-clothes of the dead, we are skeletons in their old armor—in fact, we become hero-worshippers of isms and issues that should have been buried in the sarcophagus of their originators. Then let us follow no longer men who, though honest in their endeavors, but lacking any knowledge of law, have conjured up these expedients and make-shifts in the vain hope of mitigating the cry of woe that has followed the scourge of death.

Again, truth frees us from the fear of man and his criticisms. What is the truth? They know not, and, *because* they know not, they drift into rationalism and bitterly oppose the truth. But what cares he who knows the truth? no more than did the martyrs of old care for the frenzied mob or maddening crowd, nor for fire or torturing rack, nor for life or death in whom the truth made free.

Again, the truth frees us from the unscientific methods of our day—from the bandages, the wrappings, the splints, the nomenclatures of a school of medicine which, in place of being governed by law, is governed by license. It unincumbers us from these things, so that we throw off the clods of materialism and

rise into the higher altitudes of the true knowledge of Homœopathy, and are possessors of the privileges of men of science who are governed by the supremacy of law. Some one asked Spurgeon, after a splendid address, why he did not say something about science in his discourse, and his answer was, "I have not read the morning paper." So we might say of the dominant school of medicine to-day, we do not know what they believe in, because we have not read their latest journal. I have in my mind compared their history to the flight of the firefly—a faint spark of light, then a long pause of utter darkness, then again a momentary flash, a hopeful gleam of light amid the dark, but in a moment we have night again, and greater and denser is that night because our eyes were dazzled by the glare.

In the old adage, that "Truth is mighty and will prevail," we have some hope and much promise in the stalwart march of the young giant during the past hundred years.

Once more truth places us under the guidance of a physical law of the universe, and we at once become laborers in truth in restoring harmony, because law brings harmony and restores order in every system over which it has control, then our knowledge of truth places us in the proper position to watch and study the development of law, or, rather, its phenomena, and when new developments make their appearance, we place them in their order and in their proper relationship to that law, with due reverence and not with a feeling of a Columbus, as in the case of Pasteur, Koch, and Behring, thinking they have discovered a new law, when, simply by accident, they have developed a part of the phenomena of a great principle, known only to the followers of Hahnemann, who alone are able to apply those phenomena as it may develop in its true relationship to that law, and so on *ad infinitum*.

Finally, truth not only reveals the present condition of the sick and suffering one in the true light, but, by having a true knowledge of the law of homœopathics, we can look down through that winding channel in which the sick one has passed and by a careful analysis of his symptoms can trace the colored

strand of disease that has been woven into the web of life, first, probably, in psora or latent syphilis in the state primeval, and the patient have all the appearance of health and long life, kept under control or in a quiescent state by the superior gravitational forces of the young life, until the disturbing element came, in some pacific form, and the attending physician, not knowing the nature of this disturbing element, save in name, began a course of action against it that was not in harmony with natural law, and in place of eliminating through natural law, he, through his ignorance of the truth, suppressed it, and what is the result? Dare I tell to the world that that physician, in place of being a guardian angel of life, did at that moment plant the seeds of death, and, if he could have seen in the light of the living truth, that a destructive process began at that moment which robbed him of his greatest earthly blessing, health, and either hurried him on the road to death or made life a living sacrifice to disease.

THE NEW YORK HOMŒOPATHIC UNION.

The regular monthly meeting of the New York Homœopathic Union was held at 53 W. Forty-fifth Street, New York, December 15th, 1894, the President, Edmund Carleton, M. D., in the chair. There were present Drs. Baylies, Alice B. Campbell, John B. Campbell, Fincke, Finch, O'Brien, Powell, Rushmore, Thomson, and Wilcox; also Medical Student George W. Willcox.

The following report is a very much condensed statement from the proceedings of a very long and most interesting meeting:

The reading of Hahnemann's *Chronic Diseases* was resumed, beginning on page 22.

Dr. Finch—Does Hahnemann mean that all ailments that are continuous come from psora? If so, then does it not follow that even where people have never had the itch their complaints can be traced back of them to the itch?

Dr. Thomson—Hahnemann says that itch may be internal or communicated.

Dr. Finch—Does not that expression seem rather to be a convenient one?

The President—Dr. Finch's questions bring us right to the centre of a very important matter; and right here let me quote the comments of Raue in the first edition of his work on special pathology:

"The old school considered it a great triumph when, in the year 1834, by M. Renucci, a young Corsican in Paris, who had learned in his native island the art of extracting the little animal, the question about the nature of itch seemed to be settled. Hahnemann's psora theory had thus been exploded by a needle in a Corsican's hand, and with it all Homœopathy! They simply forgot, in their hearts' delight, that before that time many other cutaneous eruptions were considered as itch; amongst them, as Hebra himself supposes, pruritus, with its undoubted metastases to inner organs. If we now take a glance over Hahnemann's masterly picture of what he calls psora, we shall at once perceive that, under psora, he did not understand acarus-itch solely, but gave a *tout ensemble* of chronic cutaneous affections in general. The child had to have a name, and psora was as good a name as eczema, impetigo, prurigo, or any one else. Thus the needle, although it found the acarus, missed altogether Hahnemann's psora.

"It is just as true to-day that a suppression of cutaneous eruptions of various kinds will be followed by disastrous consequences upon the general system, as it was true when Hahnemann and others observed it. Instead, then, of desiring to have Hahnemann's psora theory wiped out of the pages of Homœopathy as a disgraceful spot, we ought to be proud of our old master's keen observation. But then we must understand him rightly! I admit that, in recent cases of acarus-itch, the killing of the animal is the shortest procedure to cure without detrimental effects upon the organism. This end may be attained not only by the external application of *Sulphur and mercurial salves*, but also by *Peruvian Balsam*, or the *twigs of the balsam poplar tree* (*populus balsamifera*, L.; *tacamehac*, Ind.), which secretes a kind of resinous substance on the pedicles of its leaves

and around its twigs. But, as it is an undoubted fact that *itch never heals spontaneously*, and as we have likewise undoubted facts that itch has been cured solely by the internal application of homœopathic remedies, it seems that those who contend that even acarus-itch in the course of time is not altogether a mere local, cutaneous trouble, are, after all, deserving some credit. All parasites, no matter whether animal or vegetable, can grow only upon a suitable soil. If this soil be made insupportable to them, they die or leave, and this is as good as killing, regarding the riddance of the intruders; but it is infinitely better for the patient, as by this means the organism is not injured, but brought into a healthy state."

Dr. Thomson—A *healthy* child will not catch the itch. No disease can be taken unless the system is susceptible to it; and the healthy system is not susceptible to itch.

Dr. Fincke—Three students inserted each a female acarus under the epidermis. The passage formed by the insect could be seen as it branched out without itching or vesicles. Suddenly, in one night, the eruption appeared under violent itching, upon the whole body. "There is the proof that the acarus is the itch," they said. But how could the single acarus even with her descendants travel over the whole body in one night without a sign of vesication and itching before?

In a case of itch-eruption all over the body no acarus could be found, but the greater part of the family was infected.

Four homœopathic physicians produced the itch by transferring the serous contents of the itch-vesicles.

Dr. Kunkel, to whom we owe these facts, concludes from them that there is a constitutional sickness which deposits its contagium in form of itch upon the skin. From various writings of Hahnemann it appears that he knew of the acarus, though he never mentioned it by name, but spoke of a living miasm [*I. H. A.*, 1893, p. 85].

Dr. Baylies—I do not use the same remedy in all cases, but look to the individual symptoms showing the susceptibility, and these being removed the soil is then purified and incapable of fostering the acarus. Is it not odd that Hahnemann is so

strong against any but internal treatment in psora, and yet recommends Camphor externally as well as internally in cholera?

Dr. Thomson—But remember the reason. There among the peasantry the air was so surcharged with filth and stench that the Camphor was necessary to penetrate the air and clear it of other odors, thus rendering the action of the internal remedy efficacious.

Dr. Rushmore—Where does this infection come from?

Dr. Thomson—Correspondential susceptibility of the ailment is dormant in the patient, and is brought out by some excitement or strain, whether atmospheric, moral, or mental.

Dr. Baylies—You do not mean that we are Pandora's box filled with the seeds of all ailments.

Dr. Thompson—No; but each is susceptible in his own way to his own kind.

Dr. Finch—Go to science, and Tyndall tells us that no life can come without antecedent life, though the antecedent may be in the germ.

Dr. Thomson—Yes; *Ex nihilo nihil fit*. Nothing can come without a cause; but that cause need not of necessity be material.

Meeting adjourned.

EMMA D. WILCOX,
Secretary.

SOCIETY OF HOMŒOPATHICIANS.

A REPLY.

TO THE EDITOR OF THE HOMŒOPATHIC PHYSICIAN:—
In reply to the various criticisms of the preamble of the Society of Homœopaths, which appeared in the January number of THE HOMŒOPATHIC PHYSICIAN, we have this to say:

The Executive Committee of the Society of Homœopaths are fully cognizant of all the particulars leading up to the action of the I. H. A. at Narragansett Pier, June 21st, 1892,

which resulted in the suppression of the report of the Board of Censors.

The preamble as published in the November number of THE HOMŒOPATHIC PHYSICIAN is, from beginning to end, *a statement of facts*. Consequently there is nothing to qualify or retract.

J. A. BIEGLER,
EDMUND CARLETON,
SAMUEL A. KIMBALL,
EUGENE W. SAWYER,
RUFUS L. THURSTON,
Executive Committee.

SOCIETY OF HOMŒOPATHICIANS.

A REPLY TO ITS CRITICS.

TO THE EDITOR OF THE HOMŒOPATHIC PHYSICIAN:—In relation to the preamble to the Constitution of the Society of Homœopaths published in the last November number of THE HOMŒOPATHIC PHYSICIAN and the protest from the I. H. A., signed by Dr. Baylies as President and Dr. Allen as Vice-President, a protest signed by Dr. Fincke and an article entitled "The Society of Homœopaths," by Dr. Butler, all published in the last January number of said journal, there is this to be said :

The part of the preamble complained of is a simple statement of facts and conclusions adduced therefrom.

The central fact—*i. e.*, that the I. H. A. voted "to indefinitely postpone a report of the Board of Censors before it had been submitted," is not controverted by either Drs. Baylies, Allen, or Butler, and is specifically admitted by Dr. Butler.

Dr. Fincke does not admit or deny anything in the preamble, but "from first to last emphatically disavows and disapproves the same," and avers that falsehoods are contained in the preamble but specifies none.

The only fact stated in the preamble attempted to be controverted by either of the parties is that the action of the I. H. A.,

in indefinitely postponing the report, was deliberate, and was intended to shield a member in error.

But in both the articles by Drs. Baylies and Allen and by Dr. Butler it is admitted and alleged, in the first that "the impression prevailed that the interests of the Association would best be served by omitting their consideration," and in the second "that it was the deliberate judgment of the majority that no good could come from discussion of the charges made, and its deliberate intention not only to prevent such discussion but to ignore the charges seems more than probable."

So it stands admitted by these three doctors that it was the deliberate intention of the majority of the members of the Association to squelch the report and shut off all debate on the charges to which it related, but that it was the deliberate intention to do it in the way it was done is denied. This is a mere quibble. It was deliberately intended to accomplish a certain object. The object was accomplished, and these parties now quibble over the word "deliberate" as to the *mode* of accomplishing the object deliberately intended to be accomplished.

If the squelching of the report and shutting off debate was not to shield a member in error, at least one charged with error, and who had been tried under the rules of the Association before the proper tribunal, which had made its report and was ready to submit its decision to the Association, what was the object? There could have been no other object.

The decision of the Board of Censors was ready for presentation. What the decision was was not officially known, but it was pretty generally believed to find the accused guilty on some of the charges, and for that reason it was deliberately planned to suppress it in some manner, to shield a member believed to have been adjudged in error.

Had it been generally believed that the decision did not adjudge the accused member to be in error but exonerated him from the charges, would there have been any occasion to deliberately suppress it?

The above is sufficient answer to Dr. Butler's statement that charges were unproven. They had been tried, the proofs on

both sides submitted, the decision made, and all the proofs ever to be given had been given.

That the suppressing of the report of the Board of Censors and shutting off all debate of the charges in some manner was deliberately planned thus stands admitted in the articles which criticise the preamble for applying the word deliberate to such action.

That such action of the I. H. A. was a violation of its Declaration of Principles, Constitution, and By-Laws, and destroyed the life of pure Homœopathy as represented by the I. H. A. is a conclusion to be drawn from such action in conjunction with the Declaration of Principles, Constitution, and By-Laws, and is a necessary conclusion.

By the Constitution no person could become a member of the I. H. A. without indorsing its Declaration of Principles, *a priori*, no person who did not indorse and practice according to the same should remain a member.

By section 16 of the By-Laws it was provided that the Board of Censors should investigate charges in writing preferred against any member for unhomœopathic practice, or for advocating practices contrary to the Declaration of Principles, and should report to the Association the results of such investigation for final action, and that the Association, by a two-thirds vote of the members present, should have power to expel.

By indefinitely postponing the report of the Board of Censors, the result of their investigation of charges preferred against a member for unhomœopathic practice and advocating practices contrary to the Declaration of Principles, the I. H. A. violated its sixteenth By-Law by preventing the Board of Censors from performing a duty imposed on it by such By-Law; by preventing final action thereon by the Association, a duty imposed on it by such By-Law; by depriving the Association of its right to purge its body of an unworthy member by expulsion if the report of the Board of Censors should show that the member against whom the charges had been made was unworthy of membership.

The Declaration of Principles was the foundation of the Association. The Constitution was the mere organization of the Association and declarative of who were worthy of membership, and the By-Laws, rules for the regulation of meetings, modes of procedure in meetings and accepting new members, trials of delinquents and expulsion of unworthy members. A violation of the By-Law providing for final action on the report of the Board of Censors of the result of its investigation of charges against a member and the expulsion of an unworthy member, which prevented the Board of Censors presenting its report, as required, and prevented final action thereon, and prevented the Association from voting on the question of purging itself of and expelling a member, was a violation of the whole, and destroyed the life of pure Homœopathy as represented by the I. H. A., for how could any self-respecting men afterward act as a Board of Censors, spend the time and labor to investigate charges against a member with the possibility that their report should never see the light?

The most unprincipled practitioner on earth might, by deceit, become a member, but with such a precedent, and a few persistent, loud-mouthed, and unprincipled supporters, the Association could never purge itself of such a member, and would finally and surely fall entirely under the control of the unprincipled pretenders, wolves clothed with wool and the name of Hahnemannians.

J. A. BIEGLER.

AMERICAN INSTITUTE BULLETIN.

American Institute of Homœopathy Bulletin No. 3 is now issued.

The opening session and the promenade concert will take place at the Ocean House on the dates already announced.

The rates at the hotel will be four dollars and five dollars a day. Orders for rooms should be sent immediately to Dr. George B. Peck, of Providence, R. I., who is the Secretary of the Local Committee.

Accommodations may be had also at the Perry House and the Hotel Aquidnick.

An excursion on Narragansett Bay and a clam-bake will take place Saturday, June 22d. An excursion is also projected to Block Island, thirty miles out at sea. Minor excursions of from two to four hours may also be taken to near points.

Many delegates from the West will take the Fall River boat on Wednesday night preceding the opening.

Other interesting details are mentioned in the Bulletin, copies of which, no doubt, all will receive.

THE EULOGIUM OF DR. DAKE.

LARNED, KAN., Jan. 12th, 1895.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN :

I wish to enter my earnest protest against the publication, in THE HOMŒOPATHIC PHYSICIAN, of lengthy eulogiums on such doctors as J. P. Dake. It is as well known to the editor of said journal as to hundreds of homœopathic physicians that Dr. Dake was an avowed heretic in Homœopathy, a traitor to Hahne-mannian methods, and a perversionist of our materia medica, as THE HOMŒOPATHIC PHYSICIAN has often declared and set forth. No one could object to a simple obituary notice, but when it comes to six or eight pages of fulsome adulation of an arch-traitor and a perversionist of those principles that we hold dearer than life, it is time to call a halt.

Very sincerely,

G. J. WAGGONER.

THE INDIVIDUAL CUP AT COMMUNION.

At the Forty-fourth Annual Meeting of the Homœopathic Medical Society of the State of New York, held in Albany February 12th and 13th, it was

Resolved, This Society is in full accord with the statement that the prevention of disease is preferable to its cure, and, be-

lieving that the adoption of sanitary methods tends to the prolongation of life and the prevention of disease, desires emphatically to place itself on record as being in perfect sympathy with the movement, now becoming widely spread, to dispense with the usual method of distributing the Communion wine, and urges the speedy adoption of the Individual Cup system, thereby avoiding the possibility of contracting many forms of infectious disease.

JOHN L. MOFFAT, M. D.,
Secretary.

BOOK NOTICES.

OBSTETRIC SURGERY. By Egbert H. Grandin, M. D., Obstetric Surgeon to the New York Maternity Hospital, Gynæcologist to the French Hospital, etc.; and George W. Jarman, M. D., Obstetric Surgeon to the New York Maternity Hospital, Gynæcologist to the Cancer Hospital, etc.; with eighty-five (85) illustrations in the text and fifteen full-page photographic plates. Royal octavo, 220 pages. Extra cloth, \$2.50, net. Philadelphia: The F. A. Davis Co., publishers, 1914 and 1916 Cherry Street.

As its name denotes, this book is a treatise upon the latest procedures in dystocia.

The author says in the preface: "The key-note of this volume is *election* in obstetric surgery. The results which are daily secured in general surgery through resort to timely operation are obtainable in obstetrics if the same principle be held in view."

Much stress is laid upon asepsis and antisepsis. It is claimed that the liability to septicemia is largely reduced by care in asepsis, and that when it does occur it is entirely due to carelessness in the use of asepsis.

"Antisepsis," says the author, "is simply the means of certifying to asepsis (cleanliness)."

* * * * *

"It is possible to secure asepsis without resorting to antisepsis, but in order to surround surgery with every possible safeguard chemical agents must be looked upon as absolutely essential. The point to be remembered in obstetric surgery is that too free indulgence in antisepsis may do harm even whilst it aims at good. The nature of many of the antiseptic agents on which we must needs rely is poisonous to the human body. Therefore, the corollary

must be borne in mind that over-zealousness in matters of antisepsis may injure and kill, even as lack of asepsis may be followed by similar effects."

This quotation is specially selected for the readers of this journal because of its special significance to the homœopathist.

Elaborate and clear directions then follow for the securing of asepsis, and then follows the treatise upon dystocia in all its varied forms.

The determination of the pelvic diameters is given very carefully, with the aid of diagrams and photographic plates, and a careful analysis of the various deformities of the pelvis added. The production of artificial abortion and premature labor, together with the instruments needed, is described with considerable minuteness, and then follows a chapter on the forceps, well illustrated.

Chapter fourth treats of version, also elaborately illustrated. The critical operations of symphysiotomy, Cæsarean section, and embryotomy have chapters specially devoted to each one, and so, also, has the "Surgery of the Puerperium." This includes operations resulting from traumatism, such as laceration of the cervix, laceration of the pelvic floor, fistulæ, and rupture of the uterus, and affections depending upon septic infection, such as endometritis, metritis, pelvic abscess, peritonitis, and mastitis.

The final chapter treats of ectopic gestation, and the claim is made that by the method of treatment outlined ectopic gestation has been practically robbed of its terrors, and the absolute mortality rate of the past has been converted into the almost certain recovery rate of the present.

It will thus be seen that the author places his reliance for success in saving patients who have to pass through the ordeals of these various obstetric trials mainly upon the *prevention* of blood infection through absorption of germs from the atmosphere and the putrescent changes in the secretions of the womb and vagina. After that skill and judgment in the use of instruments and accurate knowledge of the mechanism of version are needed to insure a perfectly reliable operator, and the mission of this book is specifically *teaching* these requisites to insure a well-educated *accoucheur*.

SEXUAL NEURASTHENIA (NERVOUS EXHAUSTION): ITS HYGIENE, CAUSES, SYMPTOMS, AND TREATMENT. With a chapter on Diet for the Nervous. By George M. Beard, A. M., M. D. Edited with notes and additions by A. D. Rockwell, A. M., M. D. Fourth Edition, with formulas. New York: E. B. Treat, 5 Cooper Union. 1895. Price, \$2.75.

In the November number of this journal, at page 371, was given a review of the famous work on neurasthenia by George M. Beard, M. D. Now we present to the notice of our readers its companion work, *Sexual Neurasthenia*. This work is sometimes confounded with the other one, but it is not the same, being a treatise upon a specialized form of neurasthenia. As said in the pref-

ace, "few morbid conditions cause more unhappiness, or are attended with more disastrous results than disturbances of the sexual function. He who sees only here and there, and now and then, cases of this kind has but little conception of the vast sum of misery around him which is either silently borne, or finds expression in some mad act of crime or in suicide. I do not so much refer to those cases of sexual perversion which assume such protean forms, and which have been so graphically described by Kraft-Ebing. These are mostly cases of voluntary self-abasement. [See "Review of Psychopathia Sexualis," by Kraft-Ebing, in *THE HOMŒOPATHIC PHYSICIAN* for September, 1893, page 478.] * * * There are, on the contrary, a large number of unfortunate who, without fault or wish of their own, are in a continual state of sexual erethism that is abnormal and pathological."

From this quotation a view will be obtained of the motive of the book and of its value.

The third edition, it may be well to state, was reviewed in this journal in September, 1891, page 374.

THE HOMŒOPATHIC EYE, EAR, AND THROAT JOURNAL.

Editors for eye and ear, A. B. Norton, M. D., and Charles H. Helfrish, M. D.; for nose and throat, John B. Garrison, M. D.; together with fourteen collaborators. Published every month by James A. Robinson, 124 West Eighty-fourth Street, New York. Subscription price, \$2.00 per year.

This is a new journal, the first number of which, for January, is just issued. The name sufficiently explains its object. The present number contains accounts of cases treated with the homœopathic remedy. One interesting article is entitled "Eye-strain as a Cause of Epilepsy."

HOMŒOPATHY: All about it; or the principle of cure. By John H. Clarke, M. D., editor of *The Homœopathic World*, etc., London. The Homœopathic Publishing Co., 12 Warwick Lane, Paternoster Row, E. C. 1894. Cloth, price, one shilling.

This charming little book of about one hundred pages should be in the hands of every physician. He should have extra copies to present to inquiring patients and skeptical adversaries.

In his exposition of the subject the author says on page 29: "Homœopathy theorizes about nothing. In its materia medica it admits no theories, no explanations of action, but only the *facts*."

Here is a statement worthy to be considered an aphorism; to be continually quoted to every cavalier; to be continually impressed upon every hesitating follower, who assumes only the name of the new school and practices only the methods of the old school.

A fine defense of Hahnemann's doctrine of Psora is given on pages 40, 41,

and 42. He says: "The Psora doctrine of Hahnemann is practically the same as the doctrine of certain French authorities who ascribe a great variety of chronic diseases to what they call a herpetic diathesis, that is to say, a morbid state of the organism liable to manifest itself on the skin by an itching vesicular eruption."

The inconsistency of the old school is exhibited here when they carp at "psora" and admit "herpetic diathesis." This indicates "what's in a name."

In his explanation and defense of infinitesimals the author quotes from Helmholtz the opinion that when the earth was in a nebulous state, "it would require several millions of cubic miles of such matter to weigh a single grain."

He quotes Darwin's experiments with the fly-catching plant *Drosera* or sun dew. Darwin found that certain salts of ammonia in solution caused the leaves to turn inward. Diluting his solutions more and more he at last found that it would respond to a solution containing only one twenty-millionth of a grain of the crystallized salt!

In speaking of the spread of Homœopathy the learned author says: "Considering that Homœopathy is only eighty-four years old and its founder has been dead little over sixty years, the extension of the system throughout the world does not leave very much to complain of."

Speaking of what it has done, he says: "Homœopathy has abolished bleeding from general practice and has done away with wholesale mercurializations." * * *

"At the present moment there are some fifteen thousand duly qualified medical practitioners openly practicing according to Hahnemann's method. How many more there are practicing Homœopathy secretly, for fear of the medical scribes and pharisees it is impossible to say; but their numbers cannot be small."

He tells the allopathic school with refreshing plainness, that the cause of quackery is their inefficiency, and adds that homœopathsists are only a little troubled in this way.

The book winds up with a series of aphorisms on the law and the dose.

THE TRUTH ABOUT HOMŒOPATHY. By Dr. Wm. H. Holcombe. A posthumous manuscript, also a sketch of the life of Dr. Holcombe. Philadelphia: Bœricke & Tafel. 1894. Price, 25 cents. Cloth.

This little book is an answer to the Prize Essay against Homœopathy by Dr. W. W. Browning, of Brooklyn, N. Y., who wrote it to win the prize of \$100 offered by Dr. Geo. M. Gould, of Philadelphia, editor of *The Medical News*. The profession will remember the stir made in the professional circles of both schools by the attacks of Dr. Gould a couple of years ago.

The essay was the last manuscript ever penned by Dr. Holcombe, and was found among his papers after his death.

It is written in his usual fine style for which he was justly famous, but betrays here and there his own objections to "higher dilutions."

In its answers to each specific charge of Dr. Browning it is masterly. His exceedingly great familiarity with the history of Homœopathy, and his accurate memory for the facts accumulated by the lapse of time, are well shown in this little pamphlet.

GOULD'S NEW MEDICAL DICTIONARY.

The *Medical and Surgical Reporter* of Philadelphia ends the forty-second year of its consecutive publication with its issue of December 29th. The chief editorial in this number is devoted to a review of the advances made in Medicine and Surgery during 1894. In speaking of medical literature the editors say:

" 'Of the making of books there is no end,' thanks to the prevision of generous publishers, and the literary crop of the year contains some wheat among the tares. A few works have been issued in special lines whose value justifies their existence. For pronounced excellence, general utility, and widest application, Dr. Gould's new medical dictionary deserves specific mention among the publications of 1894."

SUGGESTIVE THERAPEUTICS IN PSYCHOPATHIA SEXUALIS.

By Dr. A. Schrencknotzing, of Munich. Three hundred and twenty-five pages. Price, \$2.50, in cloth. Sold only by subscription. F. A. Davis Co., 1914-16 Cherry Street, Philadelphia, Pa.

This book is a companion volume to the now famous treatise, *Psychopathia Sexualis*, of Dr. R. von Krafft-Ebing, which was reviewed in the pages of this journal in September, 1893, page 493.

It is not yet issued from the press, but will appear shortly, and will be duly reviewed.

THE HISTORY OF MEDICINE. By Roswell Park, M. D., Professor of Surgery, University of Buffalo.

This embraces not alone the history of medicine, its evolution and progress from the earliest times down to the present, but likewise deals with mythological factors, and the political, religious, and philosophical issues of the science.

Delivered in Alumni Hall, Medical Department of the University of Buffalo, during October, November, and December of 1894, these lectures will now appear, *exclusively*, in the *Medical Age*, beginning with the issue of January 10th, 1895.

Also will appear during the year special dissertations upon Malaria, Remittent and Typhoid Fevers, by Prof. Joao Vincente Torres Homem; Fevers of Infancy and Childhood; and Reminiscences of a Medical Naval Officer Abroad.

The Medical Age, semi-monthly, \$1.00 per year. P. O. Box 470, Detroit, Mich.

THE SCIENTIFIC AMERICAN REFERENCE BOOK. Price, 25 cents.

This is a most useful little bound book of 150 pages, comprising, probably, the most extensive variety of standard, practical, condensed information ever furnished to the public for so small a price. The following is an abbreviated list of contents:

1. The Last Census of the United States (1890); 2. Table of Occupations; 3. Table of Cities having over 10,000 inhabitants; 4. Map of the United States. Miniature outline; 5. The United States Patent Laws (full text); 6. The Ornamental Design Patent Law (full text); 7. The United States Trade-mark Law (full text); 8. The Label Copyright Law (full text); 9. The General Copyright Law of the United States (full text); 10. The Principal Mechanical Movements; 11. The Steam Engine; 12. Geometry; 13. Horse-Power; 14. Knots; 15. Tables of Weights and Measures; 16. Valuable Tables; 17. Medallion Portraits of Distinguished American Inventors; 18. Engravings of Capitol, Washington; 19. Miscellaneous Information.

The Scientific American Reference Book, price only 25 cents, may be had of News Agents in all parts of the country, and of the undersigned. Sent by mail on receipt of the price. Address Munn & Co., 361 Broadway, New York.

NOTES AND NOTICES.

DR. E. L. COLBURN has removed from Fremont, Nebraska, to Salt Lake City, Utah.

DR. M. D. SATTERLEE has removed from Chattanooga, Tenn., to Andover, Ohio.

DR. THEODORE ENGELBACH, long and favorably known as a reliable homœopathic pharmacist, in New Orleans, has sold out his interest to Mr. Aug. C. Freitag. Dr. Engelbach will hereafter confine himself to the practice of medicine, at 828 Canal Street, New Orleans, La.

SOUTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.—The next regular meeting of the Southern Association will be held in the city of St. Louis, in November, 1895. The meetings of this association have been growing in interest, value, and attendance, until now they rank next to the meetings of the American Institute. Officers: Wm. C. Richardson, M. D., President, St. Louis, Mo.; W. W. French, M. D., First Vice-President, Chattanooga, Tenn.; Sarah J. Millsop, M. D., Second Vice-President, Bowling Green, Ky.; C. R. Mayer, M. D., Recording Secretary, New Orleans, La.; Lizzie Gray Gutherz, M. D., Corresponding Secretary, St. Louis, Mo.; A. M. Duffield, M. D., Treasurer, Huntsville, Ala.

COOK COUNTY HOSPITAL, Chicago, has the following names on its homœopathic staff for the year 1895: Charles Adams, E. H. Pratt, H. R. Chislett,

M. B. Blonke, and L. D. Rogers, surgeons; Charles Gatchell, T. E. Roberts, E. E. Reininger, W. S. White, and O. F. Pierce, physicians; and W. C. Willard, C. M. Beebe, John W. Streeter, gynecologists.

"THE HOMŒOPATHIC MEDICAL SOCIETY OF CHICAGO is still flourishing," writes Dr. L. D. Rogers, editor of *The People's Health Journal*. "Notwithstanding the blizzard last Wednesday night, fifty physicians attended the meeting. Dr. E. S. Bailey read a paper on 'Non-Hemorrhagic Uterine Discharges.' He stated that during the past three years he had made cultures from the discharges of several hundred patients. He exhibited a number of interesting bacteriological specimens in test tubes. The paper was particularly valuable on account of the original work which it reported.

"The subject for the next meeting, which will be held the first Wednesday evening in March, will be the 'Treatment of Malignant Growths.' A paper will be read on the 'Treatment by Antitonicine.'"

THE MARKHAM SANATORIUM, located at the far-famed city of Marquette, Michigan, on the shores of Lake Superior, is commended to the attention of the profession. The Sanatorium is conducted on the cottage plan, patients having rooms away from the institution proper, and coming to it for meals and treatment, except when essential or desirable to have meals and rooms at the same place. This plan will readily commend itself to all sensitive patients, as large numbers of sick people are not congregated together. A special feature is made of home cooking, home service, and a home feeling. The medical staff is composed of Russel Case Markham, M. D., Mary Louise Markham, M. D., Superintendents; L. Paul Anderson, M. D., Mechano-Hydro and Electro-therapist; Martha Stark, Head Nurse, and a distinguished corps of consulting physicians in Chicago and Detroit.

THE HOMŒOPATHIC MEDICAL SOCIETY OF OHIO will hold its thirty-fourth annual session in Cleveland, Ohio, about the 14th or 15th of May next. The Secretary, Dr. Thomas M. Stewart, 266 Elm Street, Cincinnati, Ohio, has published a circular urging the members to "make prominent the materia medica and therapeutics of our school."

THE NEW ENGLAND HAHNEMANN ASSOCIATION.—The first annual meeting was held in the hall of the Young Men's Christian Association, corner of Boylston and Berkeley Streets, Boston, Mass., on Monday, January 14th, at 12 M., for the election of officers for the ensuing year, and the transaction of such other business as came before the meeting. Reports and addresses upon the objects of the Association were given.

The object of this Association is to aid in the support of Boston University School of Medicine, and the institutions intimately connected therewith and essential to its work.

All physicians are invited to become members, with the avowed object as stated, the annual dues being two dollars. For further particulars, apply to Dr. I. T. Talbot, Dean of the Faculty of Boston University School, 685 Boylston Street, Boston, Mass.

THE HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

Vol. XV.

APRIL, 1895.

No. 4.

EDITORIAL.

APIS-MELLIFICA.—Continuing the notes upon this remedy from the March number we find that Apis has headache accompanied by diarrhœa. The headache is relieved as the diarrhœa increases. The headache is worse in a warm room and from reading. This is similar to Pulsatilla. The brain feels tired, and head feels too large. The patient cannot concentrate his thoughts. The headache is on the left side and in the left eye. It may be in the whole left side of the head with redness and swelling of the left cheek with nausea and vomiting. Sometimes the pain is on the right side of the head when it extends to the eye, which must be kept closed. The headache continues from ten A. M. to six P. M.

There is numbness and tingling in the brain, which may extend down left arm and left leg.

Apis is a great remedy in hydrocephalus, the delirium being marked by *sudden shrill screams*. This screaming is the great characteristic of the Apis delirium. There is also a variety of spasmodic actions, among which may be mentioned boring of the head deep into the pillows; squinting; grinding of the teeth; twitching of one side of the body and paralysis of the other side. These symptoms can be found in Lippe's

Materia Medica, if the reader is fortunate enough to have a copy.

Dr. Lippe added the following notes: Spasm of the toes. The big toe is turned up, is immovable, and very painful. There is great tension of the scalp. It feels as if drawn tightly over the head. There is inability to hold up the head. Sudden convulsions followed by unconsciousness and fever. Stramonium has sudden screaming at night like an Indian.

To these notes the editor makes the following additions in reference to the screaming:

Sudden thrilling cries; frequent screaming spells; screaming out during sleep, are all various forms of the keynote of *Apis*, which is *sudden screams*.

Screaming spell in an infant every day at five o'clock, so hard as to cause scrotal hernia, *Calcarea-carbonica*.

Sudden screaming from earache, *Aurum-metal*.

Sudden screaming of infants, *Anacardium*, *Carbo-veg.*, *Hyos*.

Screaming loudly as if calling some one, *Anacardium*.

With reference to the boring of the head into the pillows the following comparisons of the editor are offered:

Boring of the head into the pillows, *Apis*, *Arnica*, *Belladonna*, *Croton-tigium*, *Hellebore*, *Stramonium*.

Rolling of the head, *Cina*, *Hyoscyamus*.

Rolling of the head night and day with moaning, *Hellebore*.

Desire to lie down to roll the head from side to side, *Hellebore*.

Cannot keep the head still, *Ferrum*.

Convulsive movements of the head from before backward, *Nux-moschata*.

Involuntary throwing of the head from side to side until he falls to sleep, *Causticum*.

Rolling of the head from side to side, *Zinc*.

Throwing head from side to side with continual crying, *Colchicum* (Dr. M. Preston).

Rolling of head from side to side during sleep. Sleep with eyes half open. Moaning, *Lyc*.

Throwing head backward from shocks in the brain, *Lycopodium*.

Weight in the back of the head. Tendency of the head to incline backward against the back of the chair, probably from congestion of the cerebellum, *Ignatia*.

Referring to the tension of the scalp, we offer the following comparisons :

Sensation as if the skin of the head were contracted, *Argentum-nitricum*, *Arnica*, *Coc-c.*

Stiffness of the muscles of the face with throbbing headache, *Agaricus*.

Sensation as if the skin of the face were drawn tight, *Cannabis-indica*.

Skin of the face feels as if white of egg had dried upon it, *Phosphoric acid*.

Skull feels as if stretched, *Sambucus*.

The eye symptoms are very characteristic. Inflammation of the eye, with intense photophobia and great lachrymation ; the eyelids being highly œdematous, are symptoms that can be found in any *materia medica*. The comments by Dr. Lippe were : *Pulsatilla* has sensation of mucus hanging over the eye like a veil. The patient tries in vain to wipe it away. *Apis* has the sensation of mucus in the eye in much the same way. *Arsenicum*, the eyes are very dry. *Apis* has violent shooting pains in the inflamed eye. *Apis* has rheumatic inflammation of the left eye extending over the cheek, like smooth erysipelas, and with scalding tears flowing over it. The sclerotica is intensely red, with opacity of cornea. It looks smoky. The conjunctiva on the eyelids looks like raw meat, and the edges of the eyelids are agglutinated.

Apis has œdematous swelling of the face. There is œdematous swelling of the eyelids. The face has a waxy look. This reminded the lecturer that *Phosphorus* has swelling of the face beneath the eyes, and that *Kali-carbonicum* has swelling over the upper eyelid beneath the eyebrow. This last symptom, by the way, is Dr. Guernsey's keynote for *Kali-carbonicum*.

Apis has erysipelas of the face, which begins on the lower lip

as a blister, and thence spreads over the whole lower jaw, locking the jaw.

The editor can add to the above note that when erysipelas begins on the right side of the face, in the region of the right eye, and spreads over the face to the left Lycopodium is almost certainly the remedy. It would be hard to tell just what number of cases of erysipelas beginning in this manner have fallen under the notice of the editor, all of which were brilliantly cured by Lycopodium.

All the foregoing notes and comments it must be understood, were directly derived from Dr. Lippe's lectures, excepting only such as are directly given by the editor. These latter were collected as before stated during years of study of the materia medica. They are not exhaustive and they do not pretend to be. They are selected because they are prominent indications of prominent remedies.

What has been given could be readily found by any close student of materia medica working industriously and intelligently. The mass of information so acquired would make a formidable equipment for the faithful prescriber in his battle with disease.

It is to be borne in mind that there will be nothing gained by merely reading over this article and then laying the number aside. It is only valuable in proportion as the reader makes it his own by memorizing, or copies it off where it will continually fall under his eye. The best way of doing this would be to get a book well indexed—the *Index Rærum* is very good—and, taking each individual symptom, put it under that letter of the alphabet which corresponds to its principal word. Thus would a gradual accumulation of valuable symptoms be acquired, forming a convenient manuscript repertory. This method was long ago pointed out by Dr. Yingling in an article entitled "Private Repertories," published in THE HOMŒOPATHIC PHYSICIAN for March, 1891, page 124. It is the method used by the editor, and he has made an accumulation which he hopes some day to publish.

EXPERIENCES IN THE TREATMENT OF GONORRHOEA.*

OLIN M. DRAKE, M. D., BOSTON, MASS.

MR. CHAIRMAN, COLLEAGUES, AND FRIENDS:—I have now been treating gonorrhœa for twenty-five years. In my former field of practice, in Maine, my experience with this disease was quite extensive, considering the population of the city and neighborhood. It was not unusual for me to have on hand, at one time, from eight to ten cases. After a *fête* day or the passage through our city of a circus, my coffer would be replenished from the revenue of a host of clap patients. Since I have taken up my residence under the classic shades of the State House, my practice in the venereal line has not been so large, but the cases I have had have been so interesting that I shall mention some of them before concluding this paper.

Gentlemen, no one among you more fully realizes than I do, that we have gonorrhœa and gonorrhœa to treat—in other words, that we have cases of simple urethritis and cases with a sycotic basis. The former are easily cured by practitioners of both schools; but as regards the latter, the cure of many of them is often a task of great patience and skill, and only obtained by our school, unless the allopathic practitioner accidentally hits upon the remedy, homœopathic to the case.

I have been successful in all cases of gonorrhœa where the patient followed my directions and pursued the treatment I ordered. In fact, my success has been so marked that I have not seldom asked myself whether I had really ever attended gonorrhœa with a sycotic basis. My knowledge of disease convinces me that I have, but of course I may be mistaken. When such truly able Hahnemannians as Lippe, P. P. Wells, William A. Hawley, Biegler, and William P. Wesselhœft have admitted that they have often experienced the utmost difficulty in curing some of their cases of gonorrhœa, I must confess I feel some

* Read before the Bœnninghausen Club.

hesitancy in relating my experiences; but these records are honest, gentlemen, and reflect the truth, the whole truth, and nothing but the truth.

I have had very many cases of gonorrhœa that have come to me, after months and even years of allopathic drugging; cases, too, with prostatitis, orchitis, strictures, gonorrhœal rheumatism, etc., and I honestly believe I have cured them all, with the exception of a few, of which more anon. Of course, some of my patients may have deceived me and gone elsewhere for treatment; if they have, it is not to my knowledge; but in most cases I know for a fact that they were positively and absolutely cured.

According to Lippe, whose remarkable ability as a clinical observer has not been surpassed in our school since Bœnninghausen, suppressed gonorrhœa cannot be cured, and he makes the confession "he has never cured such a case yet"—(*vide* HOMŒOPATHIC PHYSICIAN, Vol. VII, p. 283). We may think, he continues, that we have succeeded in doing so, and for years this will seem so to the patient and physician, but suddenly, when we least expect it, the disease, "like the locust in seventeen years," inevitably returns.

With all due respect to our late lamented teacher, I believe he was mistaken, and I base this conclusion upon twenty-five years of experience. I should like much to hear the views of some of the members of the club on this point. Of course I can imagine the sycotic, engrafted upon some psoric or syphilitic constitutions, proving incurable, but such cases must be the exception.

In giving you the particulars of my mode of treatment in gonorrhœa, I am aware that I shall lay myself open to adverse criticism; for my rule, I believe, varies from what most of you follow. However, the aim of us all is to honestly state our methods and experiences, with the view of comparison and ultimate benefit, and I frankly state my practice.

If the patient presents himself after the discharge has already existed for a day or two, with slight redness of the meatus and dysuria, *without any characteristic symptoms indicating a par-*

ticular medicine, I invariably commence the treatment with *Cannabis-sativa*²⁰⁰ (Dunham's). I order four powders a day for four days; after this I give *blanks* for ten or more days, unless decided symptoms, calling for another medicine, appear. In this way and with this medicine, and with such repeated doses, I have cured very many cases. If, after the expiration of ten days or thereabouts, I see no further improvement, I proceed to the re-examination of my patient, and I spare no pains in making it most thorough. I note down in writing, his history, that of his ancestors, and sometimes that of his "sisters, his cousins, and his aunts," with all his symptoms, conditions, etc.

I take plenty of time before prescribing a second time, and not seldom I send my patient off with blanks, until I am certain I have made the best selection within my poor ability. This second remedy I give as I did the first—in repeated doses—to be followed by blanks. If, however, my researches satisfy me the first prescription is still the best, I give a single dose of it, of a higher potency, and await results.

In the earlier years of my practice—some twenty years ago—I generally resorted from the 3d^x to the 6th^x attenuation, if I had to repeat my medicine, but I am convinced now that it would have been better had I given higher potencies still, as I do at present.

The late Dr. Henry N. Guernsey, whose friendship I enjoyed and to whom I am indebted for many kindnesses, as well as valuable therapeutical hints, told me that he gave only one dose of the indicated remedy in gonorrhœa, and of a high potency. He assured me that the results were all that he could desire. By the bye, he has left us an excellent article on gonorrhœa, which I cannot too strongly urge those who are not familiar with it to read (*Hahnemannian Monthly*, Vol. XIII, p. 343). I have often tried the single dose plan, but somehow or other I have been disappointed in it, and yet this much esteemed pioneer of Homœopathy was an honest and reliable teacher.

As a rule it rarely takes me more than seven weeks to cure gonorrhœa, but I have cured many cases in considerably less

time. I have dismissed, *cured*, the worst case of gonorrhœa I ever met, with profuse discharge, phymosis, chordee, and general inflammatory symptoms, after two prescriptions; but I remember one case, the subject being a perverse old sinner, when it took me about two years to cure him; but, in justice to myself, I must add, that this arrant reprobate "reclapped" himself five or six times during that period.

Apropos of this fallible mortal, who loved the sex too well but not wisely, he unfortunately gave his wife, some years ago, the clap while she was pregnant. Sometime after her confinement, during which she was attended by an old-school doctor. I was requested, by her physician, to take charge of her baby, who was suffering from gonorrhœal ophthalmia. The trouble had been going on for eleven days and the doctor felt sure his little patient would lose her eyesight. I found both eyes greatly swollen, nearly the size of a pullet's egg; conjunctiva of both eyes and eyelids intensely red, the chemosis so marked that the corneæ seemed to recede fully a quarter of an inch. On attempting to separate the eyelids, a profuse flow of yellow pus gushed out, and the *whole* cornea, of both sides, was *pearl-colored*. I felt, myself, that the sight was hopelessly gone, and so informed the parents. I gave Argentum-nitric²⁰⁰ (D.) internally, and the same potency in water to be used locally. I would not now use the remedy locally. Extraordinary as it may seem, the recovery was complete. A year ago last summer I saw this same patient, who had, in the interval, blossomed into a beauty, fifteen years old, and I give you my word, gentlemen, I could not detect the faintest trace of a spot or speck upon either cornea.

While on the subject of lewd sinners, let me relate another instance. A farmer, of hitherto exemplary domestic fidelity, was tempted by the wiles and fascinations of a buxom servant girl, and the poor devil, unlike St. Anthony of old, succumbed. Presently, however, he felt the necessity of consulting me, and I diagnosed a beautiful case of clap. But what was worse still, he feared he had communicated the disease to his wife, and, unfortunately, this proved to be true. Now this spouse was de-

cidedly muscular, had the temper of a virago, and withal she could handle a broomstick with a good deal of vigor, as well as skill. She had also very penurious habits. This had been, in the past, a gratification to her husband, but to-day it interfered with his plans. She did not believe in consulting a doctor for such a trifle as dysuria and leucorrhœa, and say what he could she would not come to me. As she was strong and healthy otherwise, her natural instincts would manifest themselves from time to time, and then the well-trained husband had to comply with her wishes.

He would plead fatigue, sleepiness, lack of inclination, but it was all of no avail, he had to perform his marital duties. To tell his wife the truth, was out of the question, for, he said, such a disclosure would mean nothing less than six months in the hospital. If ever a man did rack his brains to give his physician a job, this man did.

For six months I had this poor wretch under my care; he had no sooner began to improve when, to all appearances, he would have a fresh attack of gonorrhœa. I had a bonanza, meanwhile; I think he must have paid me nearly \$100 during that time. I can see him now, walking up and down in my office, pulling his hair, swearing at the obstinacy of his wife, and vowing the poorhouse was staring him in the face. Finally his wife had a very severe attack of neuralgia, and I had my opportunity to rescue an unfortunate from the slough of despond and misery. I took the totality of the symptoms, to be sure, when prescribing for her, but I must admit I laid uncommon stress upon the urinary symptoms. I remember her impatience when I inquired into the latter symptoms, for she could hardly see any connection between the two; but soon afterward peace and happiness reigned once more by that fire-side—way down in Maine.

As regards complications arising in the course of treatment, when I had the case from the beginning, I rarely had any, and when I had, they were easily controlled. I will relate, further on, the only case of this kind, where orchitis, in a mild form, was a complication.

I have no experience to give concerning the treatment of gonorrhœa in the initiatory stage by the so-called specifics. It may be well, however, to remember that Jahr advises *Sepia*³⁰; Granvogl, *Natrum-sulph.*; Whale, *Bryonia*; Baehr, *Mercurius-sol.*; Kafka, *Sulphur*, etc. As for dietetic rules, I order the patient to observe a light diet—no meat or coffee, no spiced food or stimulants in any form, and I tell him to walk or exert himself as little as possible. I have often seen severe aggravations of the symptoms from a glass of beer, also from coition or the company of lewd females, as sexual excitement under such circumstances is generally prejudicial. I have, however, cured many subjects, who, in spite of my commands, used liquors, cohabited, smoked, and indulged in late suppers and dancing.

Such, gentlemen, is, in brief, the course of treatment I pursue in gonorrhœa. For years I studied my cases with the view of ascertaining if there were any symptoms upon which we should lay particular stress in the search for the simillimum; but I have long since concluded that in this, as in all diseases, we must treat every case upon its own individual merits. The symptoms most important are those which individualize that case from all others.

I well remember having a patient, some twelve or fifteen years ago, who had run the gauntlet of doctors and “cure-alls” for a gleet which he had been troubled with for nearly four years. He began by inquiring how long it would take to cure him. I gave him the answer I give every patient that asks the question: “It is impossible for me to tell you anything about it—it may take me six weeks and it may take me years. I will do the best I can by you, and let us hope for a speedy cure.” Every week or two, under this compact, he would call at my office and I would prescribe as carefully as was in my power. I attended him, month in and month out, without any change in his condition, until we were both perfectly disgusted, and still that everlasting drop in the morning remained. He had no pain, only a too-frequent urination, in small quantities, the discharge was a glairy mucus, occasionally taking a greenish tinge, and it would agglutinate the meatus. One day while I

was questioning him particularly about the frequency of urination, he said that there was one thing "funny about it;" he could never hear running water without feeling a desire to pass his own water. In driving to town that morning, he added, he let his horse drink twice by the wayside, and when he heard the water pass down the horse's gullet, he had to get down from his cart and urinate; and this he had noticed previously. I immediately exclaimed "Eureka!" I had discovered the characteristic symptoms at last. One prescription of Lyssin²⁰⁰ removed the whole trouble. And thus I have often found that the *key-note* to the case was, not unfrequently, some insignificant, absurd symptom, so trivial in the opinion of the patient that he would not mention it, unless by accident it was drawn out of him. Dr. Berridge recently reported a case in point. A patient troubled with an old-standing gonorrhœa, which had shown itself rebellious to his treatment, mentioned that he would have erections while riding in a car if he did not engage in conversation. He was cured by Calcarea-phos., the above symptom being the key-note.

A member of this club asked me, the other day, if any of my gonorrhœa patients "had given me the slip." I am aware of but few who have, as I have stated earlier in this paper. The first, who was suffering from gleet, did not return to me after his first visit, saying that he did not intend losing valuable time taking "white sugar." I know, for a fact, that fourteen months later that man was still consulting a neighboring allopathic physician for the same complaint. A second one left me after some months of unsuccessful treatment for chronic gonorrhœa. I cannot help admitting to you, gentlemen, that my failure on this occasion was due to my ignorance, and I make the confession with some qualms of conscience. I hope and believe I could do better to-day; but I did the best I knew at the time.

Unfortunately for humanity, there are, among our adherents, men who do worse, who injure their patients with injections, but I am happy to say I cannot charge my conscience with that sin. It is a matter of great regret that, even to-day, there are erring physicians, who, in the words of Hahnemann himself,

"would wish to be considered homœopathicians, and graft some, *to them*, more convenient allopathic bad practices upon their nominally homœopathic treatment," in consequence, as in his day, "of ignorance of the doctrine (homœopathic), laziness, contempt for suffering humanity * * * and of unpardonable negligence in searching for the best homœopathic specific for each case of disease," etc.

With most people afflicted with gonorrhœa, the thought uppermost in their minds is, how can they wipe out that "damned spot," which, like Banquo's ghost, is ever an object of dread, and often "will not down." They little realize the manifold train of serious symptoms which may follow the suppression of this discharge. I well remember the incredulous smile with which I heard the late Dr. H. N. Guernsey insist upon this undoubted fact, so ably brought to light by the noble founder of our school; but I have lived long enough, I am thankful to say, to realize how foolish I was.

Since my advent among you in the metropolis of New England, I was called one day to attend a young man, whose painful sufferings had lasted nearly three weeks. The medical attendant had diagnosed the patient's ailment, acute articular rheumatism. In spite of all his ministrations the subject continued to grow worse. Finally the patient's father insisted upon my being called in. The trouble had begun in the right knee, then it affected the right ankle, and soon both elbows, right wrist, and hand were involved; the joints were dark red, hot, and swollen; the pains sharp and decidedly aggravated by motion or the jarring of the bed; the exacerbations were generally in the forepart of the night; there was great and almost continued thirst; the urine high colored and scanty, etc. In spite of this picture hardly recalling a typical attack of gonorrhœal rheumatism, since so many joints were simultaneously affected, and the local inflammatory symptoms were so marked, yet I had an instinctive feeling that gonorrhœa was at the bottom of the trouble. I soon elicited the fact that he had but recently recovered from an attack of gleet which had lasted him for over two years. When I informed him that he must not

look for any relief before the discharge returned, he expressed incredibility and disgust. To begin with, he was sure he had been cured five weeks previously by a New York physician (a specialist), by means of injections; and secondly, he added, in rather piteous tones, he could not afford to have the old trouble back, for it had already cost him \$400. I prescribed *Bryonia*²⁰⁰ (D.) in water. In less than thirty-six hours his penis was running as freely as a young maple tree in early spring. I never saw a more profuse discharge. In a few hours he would saturate a large place on a towel, and this lasted nearly ten days. From the moment the discharge began, the rheumatic pains diminished and the general condition improved. Two days later—although the swelling was much less—there was a good deal of soreness and sensitiveness to touch of the parts, and any jar aggravated; the discharge was still profuse, thick and of a yellowish-green hue; smarting of the urethra during urination was now present and there was much heat of the body in the evening as well as some thirst, but the constant thirst had discontinued. I now gave *Pulsatilla*²⁰⁰ (D.) Steady but slow improvement followed, and at the expiration of nine days the discharge was found less and thinner and of a greenish instead of a yellowish-green tinge, and the pains in the articulations were numb in character, instead of acute. After a most careful study of the symptoms, comparing minutely *Pulsatilla* and *Thuja*, I decided upon the latter, and gave it in the 200 (D.) potency. Nine days later, although patient and his friends were satisfied with the progress in the case, I was not, and I repeated the *Thuja* in a higher potency. I waited five days more after this, when, seeing no further gain, I again gave *Pulsatilla*. Seven days now expired, during which his condition varied, but on the whole the patient seemed on the mend. He now began to be troubled with pains in his testicles, and this during two successive nights, when I administered *Hamamelis*²⁰⁰/T. This medicine seemed to relieve him in a certain degree, but eight days later, after another study of his case, I determined upon giving *Pulsatilla* again. Soon marked improvement set in, and in a fortnight afterward the patient seemed almost well,

when I had to wind up the case with one dose of Medorrhinum^{em} (F.) dry, on the tongue.

I know that most of you have noticed the mistake I made on the eighth day of treatment of the above case. If anybody else had changed the medicine under the circumstances, substituting Thuja for Pulsatilla, when actually the patient was steadily—if slowly—improving I would have said, “How foolish,” and yet that is precisely what I did.

It is the old story, my dear colleagues; criticism is an easy matter, but art is difficult. When a physician is very anxious to hasten the cure of a patient, he is likely to do the opposite. I should either have repeated the Pulsatilla, or, better still, allowed it to act undisturbed. Of course, I endeavored to repair the mischief later on, but fourteen days had elapsed meanwhile. By exactly that period of time this man's illness might have been shortened. At any rate, that is what I am inclined to think.

Something over a year subsequently this same patient contracted gonorrhœa again. Oh! for the frailty of human nature! The discharge, when he consulted me, which was seventy-two hours after its appearance, was slight and light in color, with heat of urethra during micturition, and inflamed meatus. I gave him Cann-sat.²⁰⁰ (D.), in my usual way, with blanks to take afterward. On the twelfth day following the discharge was thick, yellowish-green, with frequent desire to urinate; burning urethra during micturition; occasional fine-stitching pains in prostatic portion of urethra; and right testicle swollen and sensitive, with dragging pains in the spermatic cord of the same side. I prescribed Pusatilla²⁰⁰, of which I gave him sixteen powders, and a good supply of blanks, as I intended leaving the city the next day on my summer holidays. I ascertained on my return to Boston that he began to improve immediately after beginning the Puls., and was as well as ever in a short while, and this without any other medicine. By the bye, this is the only case I ever had where complications arose in the course of treatment where I had the patient under my care from the very outset.

The next case of gonorrhœa I shall relate is one of exceeding interest, and admirably exhibits the marvelous results of ho-

mœopathic medication. The subject had an attack of gonorrhœa nine years previously, during which time he received heroic allopathic treatment. It left him with a stricture of the urethra, which, notwithstanding forcible dilatation, and even incision, impeded the expulsion of urine, rendering its passage difficult and the stream very small. There was present, immediately over the stricture, situated about one and a half inches from the meatus, a thickening or induration the size of a bean, and from this stricture an almost continual discharge of mucus. At intervals, for severals days at a time, he would become despondent, during which attacks he would cry like a child, seek solitude and long for death, even planning means by which he could accomplish his purpose. In spite of all these troubles, some fair innamorata, early in June, 1893, inveigled him, by her sweet smiles, from the path of virtue, and your humble servant had a few days later another patient on his hands.

On the fourth day of the above month the patient presented himself at my office, with the following symptoms: Frequent desire to urinate, night and day, with much burning in urethra, especially forepart and orifice, during urination, the burning lasting for a short time afterward; lips of meatus and surrounding tissue of glans inflamed; discharge clear and glairy, but not profuse. My prescription was Cann-sat.²⁰⁰, sixteen powders and blanks. His condition was pretty much the same until the 20th, when he complained of much irritation in posterior part of urethra, extending into rectum, with almost constant desire to defecate; he had also painful erections at night, with profuse thick, yellow discharge. I gave him Nux-vom.²⁰⁰. On the 25th he reported that he had been better, but was not quite so well since the day before. I repeated Nux-vom. in the 50 M. During the middle of the following night I was roused to answer a call from this patient. He appeared greatly disturbed, mentally and physically, and behaved like one bereft of his senses. He wept like a child and declared he would go and drown himself if I did not give him immediately some Morphine; meanwhile he was walking up and down my room, with a very wild expression in his eyes. But I was not just then in

a mood to submit to any nonsense, so I picked up his hat, handed it to him, and ordered him to clear out as fast as he could. I informed him, besides, that the nearest cut to the Charles River was through Exeter Street, just opposite my residence, and the sooner he drowned himself the better for the world and my peace of mind. This appeared to bring him to his senses, and he then begged me to help him in any way I thought best. I began by telling him that I had practiced medicine for twenty-five years and I had yet to give my first dose of any opiate. If he chose to act like a rational being and give his symptoms, I would soon find means to relieve him, and that without Morphine or kindred remedies, and ultimately cure him. The idiot had, it appears, put his penis and testicles in an ice-pack to relieve chordee, with the result that he soon had a constant desire to urinate and defecate, both of which operations gave him agonizing torture. He could not urinate unless by bending over and holding his legs wide apart. Chimaphila-umb. 30th potency relieved him in a comparatively short time, but he suffered a good deal still with a difficulty of urinating and passing stool, and with a feeling as if a large body were in the rectum, making sitting painful. On the 9th of July he was well enough to leave the city and fill a professional engagement. On the 23d of the same month I prescribed Nitric Acid²⁰⁰ for him by mail, but as I have unfortunately mislaid his letter, I am unable to give the symptoms which led me to give him that remedy. On the 4th of September he came to the city, and my notes of that day read: "Patient looks much improved in physique. The discharge still profuse, thick and of light color. Some heat in urethra, during urination; no symptoms of prostatitis, but induration (stricture) of urethra still prominent." I gave him Natrum-muriat.²⁰⁰, and for this reason: The induration must be due to the strong nitrate of silver injections he had used in his former attack, years ago. On the 8th of October my entry in note-book was: "Discharge of same character as on the 4th of September, but not so profuse; no pain during urination. The induration over location of stricture seems smaller. The stream of urine is increasing in size almost daily." Blanks were given

the patient. My next report was November 2d: "Discharge continues, thick and tenacious, occasionally of a greenish hue; thickening of urethra still diminishing. Quite recently many of the old mental symptoms have returned. *Weak and languid.*" I now administered *Hydrastis-canaden.*²⁰⁰, the debility and languor being the marked indication. The last notes I have of this case read: "February 2d, no discharge for weeks. No trace whatever of induration, although he believes he can detect its old location when he has an erection. The stream of urine is now normal." I saw this patient about ten days ago, when he told me he felt perfectly well, excepting when he ate too freely.

The third and last case I intend submitting to you offers but one important feature, and that is, in spite of the use of liquor, tobacco, and indulgences in coition, the patient was nevertheless cured in a short time.

The easy-going mortal who became my patient on November 21st, 1893, complained of frequent and painful urination; the pains were of a burning character, and the meatus was swollen and sensitive; the discharge, a scanty, glairy mucus. I gave him, as you have already anticipated, *Cannabis-sat.*²⁰⁰. On the 27th his symptoms were: discharge, thick, greenish-yellow, and profuse, much increased at night. Sharp pains in glans penis, worse immediately after urinating; marked chordee. He received *Mercurius-solub.*²⁰⁰. December 6th, he reported that for three days he had been free from pain and the discharge almost all gone; but after sleeping with a woman the night previous, he was not so well, some of the urinary irritation had returned and the discharge was again greenish and, in addition, slightly bloody at times. I repeated *Mercurius-solub.*, but in the 3 M potency. Ten days later he reported himself as completely cured—drinking, smoking, gadding about, and "toying with Venus," notwithstanding.

I fear I have taken up a good deal of your valuable time and probably taxed your patience to the utmost; but ere I conclude, let me say that while I have stated that all the cases of gonorrhoea I ever had, with the exception of the few mentioned, have always yielded satisfactorily to the homœopathic remedy, let me

assure you that I do not pretend that I have found it easy to prescribe. In fact, it has often been the very opposite, as I have good reason to remember. I have frequently devoted more than one hour's time to the study of differentiating between two or more remedies. But what I wish to assert more particularly, and I do it without any reserve and in the greatest honesty: Every case, no matter how severe the pain or grave the complications, can be reached by the simillimum. It is possible I may meet, ere long, with cases that will prove intractable to my endeavors to cure, but if I do, I shall continue firm in the belief that the trouble will not be owing to any fault of our infallible law of cure, but to its ignorant practitioner.

PROMINENT REMEDIES IN THE RECENT EPIDEMIC OF INFLUENZA.*

EDMUND CARLETON, M. D., NEW YORK CITY.

This is a brief and hasty exhibit, by request of your chairman, of the remedies most often found indicated, in my practice, in the epidemic of influenza which has recently been so prevalent.

First comes *Rhus-toxicodendron*, with languor; weakness; ill-defined headache; lame, sore eyes; smell and taste abolished; little appetite or thirst; spasmodic, shattering cough, caused by tickling, referred to the larynx and trachea, worse in the evening, aggravated by lying down and by cold drinks; scanty, mucous expectoration; great soreness around the waist from coughing, the patient supporting his sides with his hands and dreading to cough, not only on account of the soreness, but because one paroxysm would incite another; the suppression being sometimes followed in a few minutes by an easy hawking and slight expectoration of slimy mucus; soreness of muscles of body and limbs; chilliness all over, followed by heat, and these often followed by general sweat.

* Read before the Homœopathic Medical Society of the County of New York, February 14th, 1895.

One case cured by *Rhus* deserves separate notice. A young man was seized with violent headache, beginning at the occiput and soon becoming general. Prostration was noticed immediately. I saw him about an hour later. He was pale; almost constantly in motion; reclining upon a sofa with his head upon a high pillow, as he could not bear to lie down; feet oftener upon the floor than elsewhere; sore all over; hands cold; nose stuffed; voice weak and altered; oppressed breathing—almost sighing; pulse 58, weak, irregular, and uncertain. Of course, I was thoroughly alarmed; but finding the temperature *per oram* yet normal, concluded to be calm and make a careful selection of the remedy. Thirty minutes after the first teaspoonful, the patient said he felt better. Convalescence followed rapidly. Forty-eight hours from the start he was well.

The sister remedy of *Rhus*—*Bryonia*—was occasionally indicated, when the patient had stitching pains; great thirst for cold water; desire to keep still, and was worse from motion, especially rising.

Next in frequency to *Rhus* was *Pulsatilla* indicated; and it sometimes required close discrimination between them to get the right remedy. Sensorium not so clouded; less headache; more chilliness; not so restless; cough very similar; expectoration thicker and more lumpy; sweat on head and face. In no case did I find the great trinity—chilliness and thirstlessness and oppression of the chest. One of these would be lacking—at least not acknowledged. It was oftener oppression of chest that was lacking than either of the others; but the minds of some subjects were apparently too anxious to discern this from the remaining chest sensations.

A number of cases had the following combinations: Sneezing; profuse, acrid coryza; profuse, bland lachrymation; spasmodic, barking cough, excited by tickling in the larynx. Better in the cool air, worse in the warm room. *Allium-cepa* cured these cases quickly.

One patient annoyed me considerably before I secured a good picture of his malady. Remembering the rule of Bönninghausen, to review every case absolutely *de novo* where the pre-

scription had failed, I made a painstaking search, and was rewarded by finding the following symptoms: Nose, between the eyes and extending backward into the head (lachrymal bones), lame, and sore to pressure; white mucous discharge from nose; a similar discharge hawked from the posterior nares, tasting sweetish; tickling in trachea and bronchia; cough in paroxysms, infrequent but long, hard, and exhausting, with expectoration of scanty, white mucus, tasting sweet. Of course, there was but one remedy, *Kali-bichromicum*; and that brought relief in a few hours, complete restoration to health in three days. A single dose on the tongue. Two similar cases appeared later, and were cured with the same remedy.

Other remedies were occasionally indicated; but those already mentioned were required in a large majority of all the cases. The proper selection was always followed by recovery in a few days, provided the patient was obedient to instructions to remain quiet. A few tried to be smart, and consequently had retarded convalescence. I cannot refrain from giving a short sketch of one odd case, and with that will close.

One evening a young lady came hurriedly into my office, weeping, with a request to call at once upon her grandmother, who, the family thought, would soon die. It transpired that she had been sick with "the grip" two weeks, relying upon domestic treatment and the medicines recommended by friends. Notwithstanding all this skill and attention, she grew worse, and all had become thoroughly frightened. I found her propped up in bed, surrounded by the family. It was a case of senile bronchitis, and every breath a rattle. Frequent, hollow cough, without expectoration. Her constant complaint was of nausea, and of little else. *Ipecacuanha* was clearly the remedy, and that was given at once. Despite the most gloomy outlook, she rallied in a few hours, and got well promptly and without interruption. No other remedy was given.

DISCUSSION.

Dr. Young—Years ago, in Baltimore, I made a careful study of the grip, and found all the symptoms under *Gelsemium*.

That remedy cured all the cases occurring in my practice, which was not extensive. It is the only remedy I have given since, as I find it covers all the cases in all the grip epidemics, and cures them quickly. *Gelsemium* has all the symptoms that have just been read. It is the remedy for the grip.

Dr. Carleton—Different epidemics commonly require different management. It would be unnecessary to state, in an assemblage like this, that homœopaths prescribe, not for the name of the disease, but for the needs of each case. In an epidemic, many individuals require the same remedy. *Sulphur* has more symptoms than any other remedy ; but the discriminating physician does not give *Sulphur* for every diseased condition he meets. The virtues of *Gelsemium* are well known, and it has cured some cases observed by me in this epidemic—very likely not so many as at the hands of others. To prove that it is not the universal remedy, it is only necessary to state that in two cases that fell to my lot, I was over-persuaded to give *Gelsemium* by professional brethren, against my own best judgment. Success did not follow, but rather failure, and after a fair trial of *Gelsemium*, *Pulsatilla* cured speedily. Only yesterday, one of our busy prescribers told me that he had given *Pulsatilla* to all his cases of influenza. All were not well-cured, though all finally recovered. *Cinchona* and *Eupatorium-perfoliatum* have their advocates, and I have seen a very few cures by each. But it is manifestly wrong to claim infallibility for any one drug, while individual cases exhibit characteristic differences.

FIRST IMPRESSIONS OF A MEDICAL EXAMINER.

EDWARD CRANCH, M. D., ERIE, PA.

Member of the State Board of Medical Examiners, representing the Homœopathic Medical Society of Pennsylvania.

The new medical license law of Pennsylvania has been in operation just one year. The New York law was taken as a guide, with three separate boards, representing the three regular schools of medicine—that is, those having regularly chartered colleges and regular courses of study. Instead of the Regent's

Board, which Pennsylvania has not, a Medical Council was created, composed of the Lieutenant Governor, Attorney General, Secretary of Internal Affairs, Superintendent of Public Instruction, President of the State Board of Health, and the Presidents of the three Examining Boards. Each board submits a list of questions, from which the Council selects a certain number, uniform for all the boards in the departments of Anatomy, Physiology, Pathology, Diagnosis, Hygiene, Surgery, Obstetrics, and Chemistry, differing only in *Materia Medica*, Therapeutics, and Practice.

All physicians intending to practice in this State are required to make application to the Council, which will inquire fully into character and education, receive fees, and issue permits to appear for examination before whichever board is desired.

After July 1st, 1895, evidence of four years' study in medicine will be required.

The first examinations under the new law were held in June, and succeeding ones in October and February, each one lasting three days and a half, being divided into seven papers, allowing three hours for each set of ten questions. The question papers from the Council were given out only at the hour allotted for each subject, and the examinations were conducted with every available precaution.

No one was examined who was not already a graduate, so there should have been no failures, especially as a general average of seventy-five per cent. was all that was needed to pass. In spite of all conditions, over five per cent. of all schools failed utterly, and many papers, even among those finally passed, showed a deplorable lack of general and special culture. Every allowance was made for uncertainty of expression, where the writer apparently knew what the question really meant; yet, in such practical subjects as the sounds of the heart, the anatomy of the thigh, the bones of the forearm, the functions of the facial nerve, the processes of respiration, the pathology of Bright's disease, the phenomena of dialysis, the nature of hydrogen peroxide, the action of *Nux-vomica*, etc., the answers too often indicated a total lack of information, or such want of com-

prehension as made them valueless. And all this was the work of those who were regularly graduated by learned faculties, from regularly chartered colleges, and were therefore all regular physicians! In the opinion of the examiners, the new law has been fully justified, and the warning to all colleges and future students is unmistakable. In time, as the representatives of former carelessness die or resign, the benefits of the new law will be tangibly apparent, and the standard of medical education will be effectually raised; so that even the rural districts will be sure of competent physicians.

Pennsylvania needs such a law to protect it from being the dumping-ground of the rejected of other States. All physicians need the law to protect their own interests by excluding ignorance and incapacity from the ranks, making the profession again what it once was, learned and liberal.

What shall be said of "medical sectarianism," which was to be crushed out by these Examining Boards, which the American Medical Association resolved to urge upon all States for that purpose?

Homœopaths and Eclectics, debarred from presenting their researches and results of practice in the journals of the majority, and refused any hearing in their societies, were forced, if they would avoid extinction by those who had prejudged them without scientific investigation, to assert before the legislatures their claim for equal rights, on the ground of equal education and culture, and generally with success, for legislators are disposed to see fair play and freedom of speech ensured to all.

If, however, the present law is left undisturbed, it will eventually see the cessation of medical sectarianism by demonstrating the real unity of all schools on most subjects, and by stimulating mutual investigation of the subjects on which they differ. At present, mainly through fear of ridicule, the bulk of the profession remains ignorant of the real meaning and application of the greatest truth of medical science—a statement of natural law, and not an "exclusive dogma"—"*Similia similibus curantur*," and its inevitable corollaries, the minimized dose

and the single remedy. When this law is studied and taught in all colleges, and the fact recognized that it takes at least two years more study to be a good homœopath than to rest in the shadow of old physic, then the mission of the homœopathic school will have been accomplished, and it will cease to have to hold a separate existence and course, for all will know it and use its teachings. True eclecticism will then flourish, for all will strive to get the best of everything. All must realize that it is never too late to learn, and that ridicule and ostracism are poor arguments.

JOTTINGS.

C. CARLETON SMITH, M. D., PHILADELPHIA, PA.

I have been in the habit for many years of jotting down for future reference characteristic symptoms of drugs which have been brought to my attention through reading medical literature. Having found many of these peculiar symptoms or key-notes very useful in my practice, I herewith lay before the readers of THE HOMŒOPATHIC PHYSICIAN those which have proved reliable. It must, however, be borne in mind that key-notes—so named by my departed friend, Dr. Henry N. Guernsey—are not of themselves positive guides to the selection of the simillimum in a given case, but can be made use of simply as indices to such. To attempt to prescribe homœopathically on key-notes alone will, except in very rare instances, be sure to end in failure. For instance, I was on one occasion called to a case of strangury in an old lady, whom I found resting on her hands and knees, with head pressed to the floor, in order to pass her urine, while the sweat stood from every pore with the agony she was enduring. On the strength of the above key-note, which was revealed to me as I entered her room, I foolishly prescribed “Pariera-brava” as a snap-shot, expecting therefrom prompt relief. But I was doomed to disappointment, for I found at my next visit that the drug had most signally failed to bring to the sufferer the slightest relief. I then sat down, and took a picture of the whole case, just as the pa-

tient gave it to me. This picture said *Cantharis*, which I prescribed in the CM potency (Fincke), and the whole trouble promptly vanished. This case was so bad in all its aspects that I thought the old lady would surely die from exhaustion. But she did not do it. Nor has there been any return of the attack, now nearly two years.

I might add just here that the presence of strongly-smelling ammoniacal urine in these intensely acute attacks of strangury will be a guide in the selection of *Pariera-brava*, when we are hesitating between it, *Berberis*, and *Cantharis*.

EUGENIA-IAMBOS.—Lachrymation coming on in the evening and lasting into the night with a sensation as if fire were pouring out of the eyes.

Yellowish-bloody mucus in the mouth after dinner.

Pain in the os hyoides when swallowing.

Nausea, going off by smoking.

Scanty papescent *granular* stool after much straining, followed by spasmodic closing of the anus. (See, also, *Alumina* and *Sulphur*.)

Several sputtering foetid discharges with burning in the abdomen.

Constant hawking up of bloody-yellow mucus.

Nightly cramps in soles of feet. Rhagades between the toes.

EUPHORBIA-OFFICINALIS.—Pale-red inflammation of the eyelids. Everything seems larger than it really is. Even in walking he raises his legs more than is necessary, because he imagines he is stepping over elevations. (See *Amanita*.)

Its effects upon the skin of head and face much resembles that of *Rhus-tox*.

Burning in throat and stomach as if a flame were rushing out.

Taste in mouth as if lined with rancid grease.

Great hunger, the stomach hanging down relaxed, causing a decided hollow feeling.

FERRUM-ACETICUM.—Copious expectoration of pus of a putrid taste, early in the morning. Also greenish pus. Slow, difficult asthmatic breathing, made better by walking and talking, or by constant reading or writing; worse when sitting still, and most violent when lying down, especially in evening.

Varicose veins of feet.

Burning, painful soreness of the back of the thumbs and toes from the slightest pressure.

FERRUM-MAGNETICUM.—This drug produces small warts on the hands. (See, also, Dulc.)

FERRUM-MUR.—Deposits of bright red crystals in urine.

FLUORIC-ACID.—Excessive ill-humor, quarrelling with every one in the house.

Dr. Hering, with two doses, cured an old invalid lady who quarrelled continually with all her nurses and relatives.

Sensation as if the eyelids were opened by force and a fresh wind was blowing upon them.

Clearness of sight and increased power of vision. The circle of vision seems to be greatly enlarged, so that he found luxurious enjoyment in looking at the same things he is used to see every day.

His teeth feel warm.

Several small round blood vesicles appear, of a bright-red color, like carmine, soft and compressible, resembling flesh warts. Look like enlargement of the capillaries.

Sensation as if burning vapor was emitted from the pores of the whole body.

Itching of all the cicatrices in the evening. All the cicatrices dating thirty-two years back are red around the edges.

GRAPHITES.—Urinous odor from the mouth and nose. Constant spasm in throat, obliging him to swallow as if he were choking, and food would not go down. Hard, knotty stools, the lumps united by mucous threads.

During menstruation, hoarseness, violent coryza, and catarrhal fever. Also dry cough and profuse sweats.

Morning sickness, swollen feet. (See, also, Lycopod.)

Swelling of prepuce, forming a large blister containing serum.

Itching inside of scrotum; darting pain in left spermatic cord.

Violent burning of eyes, as if some acrid matter was in them.

Can't bear the light of day, but can that of candlelight.

Black sweaty pores on the nose. (See, also, Sulphur and Digitalis.)

Smell in nose as of soot burning.

AGGRAVATION FROM JARRING.

E. V. ROSS, M. D., ROCHESTER, N. Y.

In the February issue of THE HOMŒOPATHIC PHYSICIAN the editor calls attention to a characteristic of Belladonna, viz.: "Aggravation from jarring of the bed." I have so frequently verified this indication that I desire to add my mite of testimony. Only recently I met with a case where this modality was present. Bell.^{40m} brought relief within five minutes from the intense agonizing pains from which the patient was suffering. Another characteristic of this remedy and one of equal value is: "Pains come and go suddenly." When these two characteristics are present at the same time, it is needless to look any further for a remedy.

We believe the symptom should read, "*Aggravation from jarring*," for it matters not whether the patient be in bed or sitting in a chair, so long as the symptoms are aggravated from jarring. Referring to Guernsey's *Key-Notes to Mat. Med.*, p. 73, we find: "*Worse from the least jar of the bed or chair, which aggravates the patient exceedingly.*"

For the past four years I have been collecting material which I intend (when the time and spirit moves me) to report, to show the efficacy of Homœopathy in pain in opposition to the prevailing belief among many so-called homœopaths that in order to "hold your patients" you must use the "squirt-gun method." On reviewing the material at hand I have been impressed with the frequency which these so called "key-note" or characteristic symptoms appear. I am not in favor of "key-note" prescribing, but at times they are of inestimable value in helping one out in the hour of need, and when you are at a loss to find a remedy covering the symptom totality (*Simillimum*). And here let me say it is well for one to be grounded in the *Organon*; but he should know something of the *Materia Medica* and not be content with carrying it around in his "grip," but carry a certain amount of it in his head—at least a few of the *characteristics*.

TWO CASES OF SYCOSIS.

SARAH N. SMITH, M. D., NEW YORK.

SYCOSIS No. 1.

In May, 1893, a young lady some fifteen years old consulted me relative to a sore on her hand that was very annoying as well as very mortifying. On the back of the right hand was an ugly looking sore that discharged most of the time, but not very freely.

"How long has it troubled you?"

"For three years or more."

"What have you done for it?"

"I consulted an allopathic doctor in Albany some time since, who gave me some ointment to apply externally, saying, that if it did not help me, to return to him in two or three weeks and he would scrape it out."

"What would *you* think of scraping, as he suggests?"

"I shouldn't consider it for a moment, as I should fear that it would injure rather than benefit."

She wished me to prescribe for her, which I did reluctantly, as there were no guiding symptoms, save the appearance of the ulcer; this was nearly the size of a quarter of a dollar, with a scanty discharge; ragged, ugly looking. The only thing that I could learn was that it was very sore, smarting and burning. After careful thought, I decided that it was in the nature of a wart.

I gave her five powders of Thuja²⁰⁰ (Dunham), with orders to take one every evening, and call when all were used. She came, as requested, and called out, as she entered my room, "Dr. Smith, you are curing my hand. It is ever so much better, and not sore any more."

"How long will it take to cure it?" she inquired.

"It may take a month, and perhaps longer."

"I don't care what it costs, if you will only cure it. It looks so bad that it hurts my pride."

Who could wonder! Suffice it to say, that a month did the work. Thuja^{200m} was all that I gave her until the last prescription, when I gave her Silicea^m to smooth and finish up the work.

I left town the following Tuesday. The mother sent for me the same day, as this young lady had diphtheria. When I returned on Friday she was laid away to rest, under the treatment of a genuine "regular."

SYCOSIS No. 2.

Last September, after returning to New York, one of my patients came to me with a bad looking hand. She was very much alarmed about it; said that it had been there some time. It was a bunch as large as a walnut, smooth and hard, of a bright reddish purple. The only symptoms I could obtain: she said that it was very sore to the touch, and hurt and burned. I was at a loss what to christen it; but gave Lachesis⁸⁰⁰ (Jenner), from the color, etc., rather than from symptoms. It improved the color and relieved the tenderness somewhat, but results were not satisfactory, to myself at least. I was going out-of-town and advised the patient to go to the Homœopathic Dispensary, Sixty-fourth Street and Second Avenue. I saw nothing more of her for several weeks, when she came to my office and said she had come to have her hand cured; said that it was growing worse instead of better.

In the meantime another growth had appeared close to the original one, quite similar in appearance, but not as large. The thought then came to me, that it might be a case of sycosis. Prescribed Thuja²⁰⁰ for a week. When she returned in a week she said the medicine helped the sick hand at once; it was doing well now. She came two or three times after, and as the cure steadily went on, she was greatly delighted to know that she was to be relieved from such an eye-sore as she had carried all these months.

When I saw her some two months after, she said her hand was healed and her general health greatly improved.

CASES CURED BY ALEXANDER VILLERS, M. D.

FROM ARCHIV FÜR HOMÖOPATHIE.

[Translated by A. McNeil, M. D., San Francisco, Cal.]

CASE I.

A girl of sixteen has suffered since her fourth year from bleeding of the nose. Sometimes in her childhood this epistaxis would not occur for three days, and then it would be three or four times a day, and in the last two or three years no day passed without its recurrence, at least after her dinner. Formerly her face was red, then she would bleed for half an hour out of one nostril, and it would be followed by headache and thirst. She is always tired, of loose fibre, is troubled much from eructations, and has much palpitation of the heart. She rises in the morning unrefreshed, notwithstanding she has had a dreamless sleep, and always after her morning coffee there follows vomiting. Her menses are very profuse, always set in the fifteenth day, and continue eight, flowing night and day.

I prescribed *Calcarea-carb.*^{cc}, one drop to be given on the first, tenth, and twentieth day of her treatment. This was on the 19th of October.

When she again presented herself, on the 10th of November, she reported that she had only bled twice, and that on the two first days of her treatment. No nose-bleed occurred in all the rest of the time, except that after a blow on the nose a few drops fell, such as would happen to any healthy person. Her menses, which from her past experience would have set in on the fifteenth day of her treatment, did not appear till the typical twenty-eighth day, and only lasted four; but were of the same consistence and quantity as she has had since her twelfth year. From November 10th till the middle of February she took at intervals of fourteen days one drop *Calcarea-carb.*^{cc}, and during that time no hemorrhage occurred. Her periods were at the regular time, but always profuse. I had given to her mother, as a matter of precaution, *China*, with directions to give it to her daughter after

every severe hemorrhage. But it had not been given, I am happy to say, as the clearness of the case would have been obscured thereby, and I could not have seen so accurately as I now do the effect of the high potency.

CASE II.

A full-formed woman, in the early forties, who was organically sound, had had, although her circumstances were brilliant, very much care and a great deal of hard work. She had frequent attacks of weakness, headache, changes in the amount of her menses, photophobia, palpitation of the heart; and mental depression in consequence has been the order of the day. All her physicians had diagnosed cerebral anæmia. I was not her attendant, but that of her husband. As I was frequently in the house she had fallen into the habit of more and more asking me for advice. I had heard much of these headaches, and had given her, at different times, *Silicea*, *Ignatia*, and *Pulsatilla*, according to the concomitants, and they had always done her good service, so that she had accumulated quite a stock of these remedies, and she always used them properly, according to her condition. But she now complains that none of them do her any good. This headache has continued fourteen days and has become intolerable. Although I questioned her several times, I could not learn anything characteristic, until I finally asked her whether or not she was better in the open air, when I received an astonishing reply. The headache is not so very violent, but its long continuance is unbearable. It is decidedly better, she says, in the open air; but she does not venture into the street because the sounds of the wagon-wheels are so horrible that she has the feeling as if every vehicle near her would run over her head, so loud did she hear the rolling of the wheels. And even in her house, which is on a tolerably quiet street, the passing vehicles affect her very unpleasantly through the double windows. Yet the noise of her children and of her household cause her very little annoyance. Calling to mind what I heard a colleague say at the World's Congress in Chicago, that a characteristic of *Chinopodium* was this peculiarity of hearing,

oversensitiveness to the sound of carriage wheels, and although I knew nothing more of the drug, I gave her *Chinopodium*⁶, which in three days removed the abnormal sensitiveness of hearing, and in the long interval that has elapsed she has not complained of either headache or nausea.

THE ORGANON AND MATERIA MEDICA CLUB
OF THE BAY CITIES OF CALIFORNIA.

OCTOBER 18th, 1894.

Sections 39 to 45 of *The Organon* were read.

Dr. J. M. Selfridge reported a case of "chills and fever" which had been treated unsuccessfully by Quinine. *Natrum-mur.*²⁰⁰ was given in the apyrexia. The succeeding paroxysm was lighter. When the attack again became severe he repeated the dose after the paroxysm, and in two weeks the patient had had no return of the chills, and merely complained of bone pains.

Dr. Lilienthal had a case of chills suppressed by Quinine. Nausea called for *Ipecac*, which brought back the original chills, which were then cured by *Eupatorium-perfoliatum*.

The Secretary reported a case of asthma, caused by the suppression of "chills and fever" by Quinine. The first chill occurred in 1846, recurring every other day in the afternoon. After coming to California had the attacks every spring and fall (*Lach.* and *Sepia*). In 1867 had mountain-fever; slight chill, with stretching and yawning (*Ars.*, *Bry.*, *Caps.*, *Cim.*, *Elat.*, *Eup-perf.*, *Laur.*, *Marum*, *Mur-ac.*, *Polyp.*); then high fever with great thirst, followed by sweat. At first he took twenty-five grains of *Calomel*; then Quinine, until he had ringing in the ears. He used to buy Quinine by the ounce. After taking the Quinine the chills disappeared, but asthma took its place, the paroxysms gradually increasing in severity. Taking into consideration the overdosing with Quinine; the fact that the original chill recurred every other day, in the afternoon; that the fever was at that time high and attended with great thirst; and that these symptoms, together with difficult expectoration at

two A. M., all pointed to Quinine, on December 20th, 1893, he received one dose of Chin-sulph.²⁰⁰ dry. This was repeated on January 3d, 1894. On January 8th the patient reported "creeping chills" on the night of the 3d (having taken the second dose of Chin-sulp. that day). These chills kept coming and going frequently night and day, and were followed by fever; sweat, when coughing or on exertion; complains of the same yawning and stretching as when he had chills and fever. On 11th, 12th, and 13th, high fever, from five P. M. until bed-time. Since that time the asthma has been comparatively light, and his general health has been much better.

Sulphur is the indicated remedy for the asthma in this case, and he had received a dose at long intervals, ranging from the 200th to the 500 M potency.

NOVEMBER 2d, 1894.

The Organon was read and discussed from §§ 46 to 52, inclusive.

Dr. McNeil—These cases show that Nature cures a disease by another always similar.

Dr. J. M. Selfridge put the question—"Does not Hahnemann recognize cow-pox as a preventive of small-pox?"

Dr. McNeil replied that Hahnemann says that cow-pox is an important prophylactic of small-pox on account of its homœopathicity. Hebra states that the vesicle of the cow-pox is an exact simillimum of the small-pox. He (Dr. McNeil) thinks nothing more clearly established than the efficiency of cow-pox in modifying or preventing small-pox. Small-pox, before cow-pox was used, made terrible ravages. He alluded to the disastrous effects resulting from it in Mexico. He is of the opinion that Homœopathy should claim the benefits of vaccination as its own.

Dr. J. M. Selfridge remarked that cow-pox and small-pox were considered identical by some.

Dr. McNeil—It has been stated that after inoculating the cow with small-pox a malignant form of the disease was produced.

Dr. J. E. Lilienthal—People are now beginning to talk of again vaccinating with humanized virus. They have found that the cow-pox virus is not reliable.

Dr. C. M. Selfridge mentioned two cases in which sloughing occurred after vaccination.

Dr. Augur would like to know about the effect of using Variolinum and Vaccinum in the treatment of small-pox.

Dr. Lilienthal stated that Dr. Raue had used both successfully.

Dr. McNeil said that the late Dr. Pease reported a case to the Health Officer. He (Dr. Pease) gave Vaccinum, and reported the case cured in a few days. The Health Officer thereupon concluded that he (Dr. Pease) must have been mistaken in his diagnosis.

Dr. Wilson stated that Dr. Breyfogle gave Vaccinum successfully.

Dr. McNeil claimed the right to ask how long will Vaccinum, Variolinum, or Melandrinum protect?

Dr. Lilienthal retorted with the question—"How long will vaccination protect?"

Dr. McNeil asserted that after vaccination for eight years there was not a single death from small-pox in the Prussian army.

Dr. Lilienthal remarked that it was also on record that many soldiers who had been vaccinated afterward contracted small-pox.

Dr. J. M. Selfridge stated that when he had vaccinated with virus, tinged with blood, he had seen bad effects.

Dr. McNeil remarked that the Martins vaccinated new heifers every year.

Dr. J. M. Selfridge stated that the virus could be preserved indefinitely by cold.

Dr. McNeil vaccinated successfully two weeks ago with virus two or three months old. The Old School in their anti-toxine, etc., are homœopathic. They claim that they can cure ninety-five per cent. of cases of diphtheria.

Dr. Lilienthal asked the question, "If we accept it as isopathic, must we not believe in the bacterial theory?"

Dr. J. M. Selfridge does not believe that the *baccilla* is the cause of the disease. Anything that prevents the elimination from the system of the ptomaines, which are the natural products of decay, will cause disease and give rise to stupor, fever, etc. Bacteriologists claim that the ptomaines are the product of the *baccillus*, and that these spread through the system. Poisons that should be eliminated are retained in the system. He admits that if the *baccillus* is injected under the skin it will spread and germinate.—Klebs Loeffler.

Dr. Lilienthal—In a healthy throat the *baccillus* is frequently found, and still there is no diphtheria. The system has to be in a condition to receive the *baccillus*.

Dr. McNeil—Dr. W. P. Wesselhoeft said that an early diagnosis in consumption can be made by finding the *baccillus*.

Dr. J. M. Selfridge—You will not find the *baccillus* in consumption until decomposition has set in. He would make a physical examination, and would like to corroborate it by the examination of the sputum.

Dr. Augur reported a case of diphtheria in a child nine months old. The child had inoculated its face so that there were several pustules or rodent ulcers of the size of a pea. One side of the face was much swollen. In the throat there were large diphtheritic patches. There was a tendency to throw the head back, inclining to opisthotonos. Liquids regurgitated through the nose. Belladonna cured the case, although the child had been treated by an Old School physician for four days, and had been pronounced incurable.

Dr. Lilienthal prescribed carefully for a sore throat, which afterward proved to be syphilitic. No improvement following he gave Iodide of Potassium, a saturated solution, three times a day, and cured him.

The Secretary suggested that possibly the above was a suppression and not a cure.

Dr. J. M. Selfridge—The effects of the suppression might not show themselves for years.

Dr. Lilienthal—It is homœopathic if it cures, whether in the saturated solution or in the millionth potency.

Dr. McNeil—The high potency will cure every time if you give the right remedy.

(Signed)

W. E. LEDYARD,
Secretary.

SALIVARY INDIGESTION.

A curious illustration of how scientific discovery sometimes hinders progress, is afforded by the erroneous views which have for some years prevailed in relation to the value of the saliva as a digestive agent. More than sixty years ago Leuchs discovered the fact that the saliva possesses the remarkable property of converting starch into sugar. Later investigators found that this property of the saliva is so active that if the sugar is removed by osmosis as rapidly as it is formed, a very small amount of saliva is capable of converting an almost indefinite amount of sugar. The subsequent discovery that the ptyalin, or animal diastase, as it was termed by Mialhe, required an alkaline or neutral medium to enable it to exercise its properties, led physiologists, almost without exception, to the conclusion that although possessing powerful digestive properties, the saliva is really of very little practical value as a digestive agent, on account of the acid character of the gastric juice, it being supposed that the saliva becomes inactive as soon as it reaches the stomach.

The brief period during which the food remains in the mouth is certainly wholly insufficient to enable the saliva to make any very considerable progress in the digestion of the starch which constitutes about one-half the weight of all foods of vegetable origin; and if it were true that the saliva in entering the stomach is immediately neutralized by the gastric juice so that its action ceases, it might properly be regarded as of no value except as an aid to the mechanical disintegration of the food. This theory, however, rests upon a false foundation. Chittenden and others have shown that the digestive powers of the ptyalin of the saliva increases up to the point of actual neutrality—in other words is more active in a neutral than in an alkaline solution.

Hayem and Winter have shown that free hydrochloric acid makes its appearance in the stomach fluid only at the end of thirty minutes after the beginning of the digestive process. This gives ample time for the saliva to do its work. That the saliva actually does an enormous amount of work in the stomach under favorable conditions, that is when a sufficient amount of saliva has been mingled with the food by mastication, we have demonstrated by actual analysis in a great number of cases. During the last three years more than four thousand analyses of stomach fluid have been made in the physiological laboratory under the writer's charge, in connection with the Battle Creek Sanitarium. In each case a careful determination has been made in reference to the action of the saliva upon starch, and with the result that in 14 per cent. of the cases examined, the reaction of Lugol's solution has shown complete conversion of the starch. In 85 per cent. the starch has been partially converted. In only 17 per cent. has the blue reaction been observed, indicating little or no action upon the starch. It is more than probable that hasty mastication is one of the principal causes of dyspepsia in Americans. The gastric juice cannot act upon the starch; it can only act upon gluten and other nitrogenous elements of bread and other cereal foods after these elements have been set free by the action of the saliva upon the starch which constitutes the greater bulk of these food substances.

This neglect of mastication and resulting salivary indigestion, explains the enormous demand for malt preparations (we do not refer to beer, which is worthless as a digestive agent) which has sprung up within the last few years. The product of malt digestion, or maltose, is precisely the same as that of salivary digestion, the action of the saliva upon the starch resulting in the production, not of glucose, as was formerly supposed, but of maltose.

During the half or three-quarters of an hour which intervenes between the swallowing of the food and the production of a degree of acidity sufficient to prevent the action upon the starch through the appearance of free hydrochloric acid, very active conversion of starch is taking place. If the food has

been thoroughly masticated, so that it is broken up into fine particles, thus also ensuring an admixture of an abundant quantity of saliva, the great share of the starch elements of the food will be rendered soluble by conversion into dextrine, even if not completely converted into sugar, thus setting free the nitrogenous elements, which may be acted upon by the gastric juice in their turn.

It must not be forgotten, also, that the saliva is a most active peptogen; that is, the presence of the saliva in the stomach, in connection with the food, stimulates glandular activity on the part of the stomach whereby an active and abundant supply of gastric juice is produced.

Another cause of salivary indigestion which we should mention, is the abundant use of sweets. In order that the saliva shall exercise its properties efficiently, it is necessary that it should act in a suitable medium. A temperature of 100° and an alkaline or neutral reaction are necessary for prompt and vigorous action on the part of the saliva upon the farinaceous elements of food. A low temperature hinders this action, and acidity stops it altogether. The presence of a large amount of sugar also hinders the action of the saliva.

It is thus evident that the copious drinking of cold water, or the taking of ice foods in connection with meals, is a means of producing salivary indigestion. The free use of strong acids, such as vinegar, in connection with cereal foods, is equally objectionable. Nothing could be more absurd than the combination of strong acids with vegetable elements, as in pickles. This is probably the reason why many persons find themselves unable to use acid fruits without fermentation. The acidity may be sufficient to neutralize the action of the saliva upon the starch.

Evidently it is not only physiologically absurd to add sugar to farinaceous foods, since the starch, which composes one-half the weight of these foods, is all converted into sugar in the process of digestion, but the practice is also highly injurious, since it prevents the normal action of the saliva upon the starch. In this way, sugar preserves, sweet sauces, confectionery, ice-cream,

cakes, and other sweets, are in the highest degree conducive to salivary indigestion.

In the use of candy and glucose syrups, the injurious effects are intensified by the fact that chemically prepared glucose is not a physiological sugar. The fact that glucose may be produced by the action of sulphuric acid upon starch was discovered by Kirchhoff early in the present century. Dubrunfaut first, and later, Morris, O'Sullivan, and others have shown that the maltose produced by the saliva and the pancreatic juice, and the glucose produced by the action of sulphuric acid upon starch, are two entirely different products. Glucose is sweet, and, from a chemical standpoint, is a sugar, but is not the sugar produced by the action of either the saliva or the pancreatic juice upon the starch : hence it cannot be considered a substitute for these sugars. Glucose ferments with very great facility, whereas maltose does not so readily undergo fermentation. The same is true also of the sucrose, or cane sugar, which is formed in the natural process of plant growth. The wisdom of this arrangement is readily appreciated in view of the extremely favorable conditions for fermentations which exist in the stomach. Yeast and microbes of various sorts are always present in the stomach, where is found the degree of warmth and moisture necessary to facilitate the action of vegetable ferments upon saccharine substances. Nature has so arranged it that the saccharine substances taken into the stomach or produced in the stomach and in the digestive process shall not be readily fermentable. Both cane sugar and maltose are changed into glucose before absorption. But this change takes place apparently during the passage of the saccharine substances through the mucous membrane of the small intestines, since this part of the alimentary canal alone is possessed of the power of producing glucose.

The consequences of salivary indigestion are : Acid fermentations, heartburn, stomach and intestinal colic, dilatation of the stomach, catarrh of the stomach, and many evil effects arising from these conditions.

The remedy for salivary indigestion consists in prohibiting

sweets, ices, and soft foods, and requiring patients to masticate thoroughly every particle of food swallowed. In many cases it is well to aid the process of salivary digestion by exposing the cereal food substances to the prolonged action of heat, thereby converting the starch into dextrine, rendering it more readily soluble, and hence more readily acted upon by the saliva. Granola and zwieback are invaluable articles of food for use in cases of this sort. The malt preparations are useful as palliatives in some cases, but it should be remembered that it is wrong to become dependent upon any artificial digestive agent. —*Modern Medicine and Bacteriological Review, Editorial.*

HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI.

The Thirty-Sixth Commencement and Banquet at St. Louis.

The Thirty-sixth Annual Commencement exercises of the Homœopathic Medical College of Missouri were held on the evening of March 21st, at the Pickwick Theatre, Dr. Wm. C. Richardson, Dean, presiding. Degrees were conferred by Dr. W. A. Edmonds, President of the Board of Trustees, upon the following: Mary Elliott Beall, George Brickbauer, Peter Brickbauer, T. L. Carriere, Emile J. Chalfant, W. C. Dieterichs, G. A. Mellies, C. E. Ross, E. R. Schoen, E. H. Tincher. Prizes for exceptional excellence were also awarded to G. Brickbauer in *Materia Medica*; to P. Brickbauer in *Obstetrics*, and to G. A. Mellies in *Gynæcology*. The Faculty prize was awarded to P. Brickbauer, and the position of Resident Physician given to C. E. Ross at the Children's Hospital and to G. A. Mellies at the Good Samaritan Hospital.

The report of Dean Dr. Wm. C. Richardson was very encouraging, and showed the largest enrollment in the Freshman Class ever made since the organization of the college. The principal address was that of the Rev. Geo. C. Adams, who spoke in behalf of the Faculty. The programme was interspersed with musical selections rendered by professional talent, and the whole affair was most creditable to the college.

THE ALUMNI BANQUET.

The Alumni of the Homœopathic Medical College of Missouri held a banquet on the evening of March 20th, in the Ladies Ordinary of the Southern Hotel. About one hundred and twenty-five persons were present, one-fifth of that number being ladies. The banquet halls and tables were handsomely decorated with plants and flowers, and sweet strains of music were rendered by an orchestra.

After an elaborate *menu* had been served Dr. I. D. Foulon made an interesting address on Hahnemann, the founder of the Homœopathic School of Medicine. The subjects of other toasts were "The College," "The Doctor, Then and Now," "The Alumni Association," "The Family Physician," "Homœopathy," and the "Brand New Doctor," which were responded to by L. C. McElwee, T. Griswold Comstock, Mary U. Sargent, Rev. Frank G. Tyrrell, J. Martine Kershaw, and P. Brickbauer. The affair was most enjoyable, and it was a late hour when the company dispersed.

THE EULOGIUM OF DR. DAKE.

THE DENVER HOMŒOPATHIC MEDICAL
COLLEGE AND HOSPITAL.

DENVER, COL., March 27th, 1895.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN :—It is something new for me to have any complaint to make against THE HOMŒOPATHIC PHYSICIAN with regard to either quality or quantity, but I would be a traitor to the cause I espouse did I not enter my protest against the remarks made in the March number of the journal by Dr. Waggoner, of Larned, Kansas.

Having known Dr. J. P. Dake ever since I knew what a doctor was (he having been a neighbor to us in Pittsburg for many years), having listened to him as a Professor in my *Alma Mater* (Hahnemann, of Philadelphia), having always known him as a very dear friend of my parents and also of my dearest professional brethren in Pittsburg and also in Philadelphia,

I deny most emphatically Dr. Waggoner's statements that Dr. Dake was either an avowed heretic to Homœopathy, a traitor to Hahnemannian methods, or a perversionist of *materia medica*.

I wish to do just the reverse to what Dr. Waggoner has done, and that is to enter my thanks to the journals that have so nobly come out and eulogized a man who was one of the grandest of the Homœopathic School.

Fraternally,

S. F. SHANNON, M. D.

THERAPEUTIC HINTS.

C. M. BOGER, M. D., PARKERSBURG, W. VA.

CYCLAMEN.

When opposite mental states alternate think of *Cyclamen* as well as *Ignatia*. *Cyclamen* symptoms are very similar to those of *Pulsatilla*, but with opposite modalities, its menstrual flow is more profuse while at rest; in this respect being also just the reverse of *Pulsatilla*. This symptom is decisive, and led me to make a complete cure in a case of amenorrhœa, whose previous history showed this symptom.

SEPIA.

Supra-orbital pain, alternating from side to side, does not always mean *Lac-canin.*, but often indicate *Sepia*, and has been verified.

GRAPHITES.

The *Graphites* patient is an overgrown *Pulsatilla* subject, with a well-developed motive temperament, large bones, and high forehead, slower in movement, but just as mild as *Pulsatilla*; apt to become obese and suffer from constipation and skin symptoms, especially chaps and fissures. *Pusatilla* has aggravation from milk, while *Graphites* has amelioration from warm milk. This is an important and practical distinction.

Periodicity of seven days, *Canth.*, *Croc.*, *Gels*, *Nux-mos.*, *Phos.*, *Phgt.*, *SANG.*, *Sep.*, *Sil.*, *Sulph.*

MORPHINE HABIT CURED.*

WM. KEANEY, M. D., DE SOTO, MO.

I have been talking within the last two hours to a man æt. forty-eight, who has for nearly fifteen years been taking at least ten grains of Morphine per diem. My father has cured him of the habit with ONE dose of Sulph.^{cm.} (Swan). He has been cured now for eight months; gone up in weight from 135 to 195 pounds. The unpleasant symptom that remains is a "black-ball" stool (Opium), and that is getting better. Our Sulph. bottle has been reloaded at least fifty times in the past six years, since I put the graft Dr. Swan sent me in with the initial charge of No. 5 pellets. I cured a case of ringworm, that resisted a Texas doctor's salve, by one dose of Tuberculinum.

The ringworm was on back of hands and dorsum of feet. Itching worse after midnight, worse by scratching—voluptuous itching. After midnight he woke up with a cold, clammy sweat all over. Tuberculinum³⁰, one dose. Prescription made was non-homœopathic; purely experimental.

THE CHAMPION OF HOMŒOPATHY.

LANCASTER, PA., March 18th, 1895.

EDITOR OF HOMŒOPATHIC PHYSICIAN:—Enclosed please find my check for my subscription to THE HOMŒOPATHIC PHYSICIAN for 1895.

I am glad to know that you keep THE HOMŒOPATHIC PHYSICIAN fully up to its original standard of purity. Ever since I have been a subscriber it has championed the cause of pure Homœopathy, and in these days of microbes, anti-toxine, and the hosts of new fads and infallible pharmaceutical preparations, it is more than ever incumbent upon the followers of the master to let our light shine. Success to THE HOMŒOPATHIC PHYSICIAN. Fraternally yours,

O. T. HUEBENER.

* Postscript to a personal letter to the editor.

BOOK NOTICES.

THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONER'S INDEX. A work of reference for medical practitioners. New York: E. B. Treat, 5 Cooper Union. Chicago: 199 Clark Street. 1895. Price, \$2.75.

The thirteenth annual issue of this valuable publication is now before us. It has been reviewed in this journal regularly every year, so that our readers must be quite familiar with its qualities.

As has been stated before, it contains the latest developments in every branch of medical science during the past year.

Everything is arranged in alphabetical order and the names of the subject-matter placed in large letters at the top of the page. In addition it has a thorough and most minute index to every important statement in the book.

The present issue treats very extensively of the subject of eye-strain, especially in children going to school. This important question is illustrated by photographs, showing the positions of pupils in schools when reading and writing, demonstrating the right and the wrong method of seating the pupils, with regard to the light and their own stature. This is highly important to every physician.

A considerable space is devoted to the anti-toxine treatment of diphtheria. This is exhaustively discussed and includes everything now known.

The most remarkable developments in sanitary science, such as the management of sewers, are well shown and are exceedingly interesting and important.

The whole work is a magazine of the most valuable information, arranged in the most ready form for instant reference.

THE ACCOUCHEUR'S EMERGENCY MANUAL. By W. A. Yingling, M. D., Ph. D., member of the International Hahnemannian Association, Philadelphia: Boericke & Tafel. 1895. Flexible leather. Price, \$1.25 net; by mail, \$1.30.

This beautiful little duodecimo of 324 pages contains indications of all the remedies that are most useful in the treatment of women in confinement.

The book is in two parts. Part first contains the remedies in alphabetical order, with their most prominent indications, and part second contains the Repertories.

These Repertories are as follows: Labor, Abortion, Hemorrhage, Retained Placenta, Convulsions, After-pains, and the Baby.

That the book is in the line of pure Hahnemannian Homœopathy, is its pre-eminently valuable feature, especially in these days when such quantities of books of mixed practice are being showered from the press.

The name of the author is a sufficient guarantee that the book would be strictly homœopathic. He is well known to the readers of *THE HOMŒOPATHIC PHYSICIAN* for his many valuable articles upon homœopathic subjects which have appeared in its pages from time to time.

In his introduction the author says: "The only direction that can be given for prescribing is to follow the direction of Samuel Hahnemann, as given in *The Organon* and *The Chronic Diseases*. Discard every fad, every allopathic adjunct, and rely implicitly on the homœopathic remedy. Live or die true to your declared principles. The female eunuchs, the female invalids, and female maniacs resulting directly from allopathic means of meddlesome midwifery should deter any follower of Hahnemann from resorting to their means of treatment."

The readers of this journal will peruse with pleasure this refreshing declaration of sturdy homœopathic principle, and be abundantly satisfied of the orthodox character of the book.

The editor is tempted to yet many more quotations from this book, but forbears for want of space.

In conclusion it may be said the book is beautifully printed in clear type, of small size, for the pocket, and has within it only such information as is absolutely necessary at the bedside, and so arranged as to be ready for immediate reference.

ANNALES D'OCULISTIQUE, founded by Florent Cunier and continued by Warlomont. Edited by Dr. E. Valude and Dr. D. E. Sultzer, of Paris. The Trans-Atlantic Publishing Co. New York, 63 Fifth Ave.

This journal, originally published in French, is now published in English also and issued in New York. Dr. George T. Stevens is the editor of the English edition.

The present number is for January of 1895, and constitutes No. 1, of volume cxiii and the fifty-eighth year of its publication.

THE LITERARY DIGEST. A repository of contemporaneous thought and research as presented in the periodical literature of the world in all departments of human life and action. Issued weekly; 30 quarto pages each week. Illustrated. Price, \$3 per year. Funk & Wagnalls Co., Publishers, 30 Lafayette Place, New York.

Those who subscribe to this magazine will receive, as a premium, *The Hoyt-Ward Cyclopedia of Practical Quotations*. Prose and poetry, English and Latin,

with an appendix containing proverbs from the Latin, French, German, and other modern foreign languages, all with their translations; law and ecclesiastical terms and significations; names, dates, and nationality of quoted authors, etc., with copious topical and other indices. By J. K. Hoyt and Anna L. Ward. Twenty thousand quotations—fifty thousand lines of concordance. A most valuable reference book. Royal 8vo, 907 pp. Price, tan sheep, \$7.00.

NOTES AND NOTICES.

DR. C. H. KRAUSE has been elected Professor of Chemistry and Toxicology and Superintendent of the Chemical Laboratory in The Homœopathic Medical College, of Missouri. He has been acting in the capacity of Lecturer on these branches in this college for about two years.

THE ALUMNI ASSOCIATION OF THE HAHNEMANN MEDICAL COLLEGE, PHILADELPHIA, requests the pleasure of the company of the Alumni of the College at its annual reunion and banquet, on Thursday, May 2d, 1895.

The Business Meeting will convene at 4.30 p. m. in Alumni Hall, Hahnemann Medical College, Broad Street, above Race, Philadelphia, and the Banquet will be held at 10 p. m. at "The Stratford," corner of Broad and Walnut Streets.

The Trustees and Faculty of the College extend a cordial invitation to all the members of the Alumni and their friends to attend the Forty-seventh Annual Commencement, to be held on the same evening, at 8 o'clock, at the Academy of Music, Broad and Locust Streets, Philadelphia.

Banquet cards can be secured from any officer of the Association, at \$3.50 each. The cards being limited to two hundred, the committee cannot guarantee to furnish any applied for after May 1st, 1895. If members wish to be present at the banquet they can secure a place by notifying the Secretary.

W. W. VAN BAUN, M. D., *Secretary*,
419 Pine Street, Philadelphia, Pa.

CHILDREN'S HOMŒOPATHIC HOSPITAL, OF PHILADELPHIA.—The receipts of this institution for 1894 were \$10,031.33, and the expenditures \$9,840.88. The admissions to the wards were 184, with only six deaths. The Out-Patient Department footed up a total of 22,997 applications for relief at the Institution, while 3,263 out-door visits were made. There are 34 inmates at the present time, and there is needed more ward-room for both sick and accident cases. May I inquire whether or not you would like to join with us, and lend your aid and a helping hand in our laudable work of benevolence?

BUSHROD W. JAMES,
President.

N. E. Cor. 18th and Green Sts., Philadelphia.

UNFORTUNATE.—"I was at a little mixed gathering the other evening," says Dr. E. B. Sangree, "when an incident occurred that rather brought down

the house. The conversation had turned on to appendicitis, and in the course of the talk a gentleman remarked that Mr. Johnson had had his vermiform appendix removed. A deafish old lady present pricked up her ears at this, and asked, 'What was that you said?' Raising his voice, the gentleman answered, 'I said that Mr. Johnson had his vermiform appendix removed.' Very sympathetically, and in loud tones, the old lady replied, 'Oh! what a pity; and he wanted children so badly, too!'—*Medical Arena*.

"SENNINE" is recommended where a dry dressing is indicated, and is manufactured by the Dios Chemical Company, after first having consulted Sir Joseph Lister and other authorities upon Antiseptics, and also receiving the expressed opinion of the most prominent surgeons and bacteriologists in this country as well as Europe, giving their practical experience as to the best antiseptic for dry dressing.

DR. L. D. ROGERS, editor of *The People's Health Journal*, Chicago, writes us under date of March 21st: "This is the commencement season in Chicago. Chicago Homœopathic College graduated sixty-eight students on March 19th. The Hahnemann graduates seventy-three to-day, and the National will graduate sixteen next Tuesday.

"I go on duty at Cook County Hospital April 1st.

"Statistics are being gathered for the Homœopathic Society of Chicago, which redound very much to the credit of Homœopathy. Homœopathy has shown best in Cook County in the treatment of pneumonia. The death-rate under old-school treatment has been shown to be more than twice as great as when under homœopathic treatment. Even in surgery the mortality rate under homœopathic treatment is surprisingly less than that of the old school. In diphtheria alone have the figures been unfavorable to Homœopathy."

THE AMERICAN INSTITUTE OF HOMŒOPATHY will convene at Newport, R. I., Thursday, June 20th, at three o'clock, P. M. The local committee have been and are still hard at work, and have already completed many of their arrangements. Among the plans definitely settled are:

A concert and reception, music to be by Reeve's famous American Band; an old-fashioned Rhode Island clam-bake, and a trip to Block Island, thirty miles out on the Atlantic. Add to these, the other plans of the committee and the special attractions at Newport as a noted summer resort, and there can be no question as to the excellence of the programme.

But the recreative and social side, although important, is not the most important to the Institute. The scientific side—the work done in medical science and allied subjects—this is the chief interest and duty of the Institute.

The meeting at Newport should be made noteworthy because of the scholarly value and timeliness of the papers presented, and because of thoughtful and scientific discussions.

Now is the time for each chairman to do most effective work. The prospects are that the Newport meeting will be one of the largest and most successful ever held. The interest this year seems to be general.

One more *very important matter*. Let every member of the Institute get at least *one* new member. It is a prime duty often neglected. Blanks will be furnished on application, and each member will receive one when the annual announcement is issued in May.

This circular will contain full information concerning programme of meeting, railroad fares and routes, special meetings, hotels, "The Mission," etc., and will be sent to every homœopathic physician in the United States. Let every member of the Institute now determine to attend the Newport meeting and so arrange his business that he may not be kept away.

Make the Newport meeting distinguished for a large and loyal attendance, broad, profound, and tolerant learning, and marked by such earnestness of purpose as shall give impetus and power to the school at large long after the Institute of '95 has passed into history.

EUGENE H. PORTER, A. M., M. D., *General Secretary*,
181 W. Seventy-third Street, New York City.

DR. WM. C. RICHARDSON, wife and daughters, of St. Louis, have returned home from a six weeks' vacation spent at their cottage in Ozona, Florida.

THE LATE A. J. TAFEL.—It may be of interest to our readers to know that the death of Mr. A. J. Tafel, of the firm of Boericke & Tafel, will make no difference in the business of that firm, which will be conducted by the surviving partners on the same lines as in the past. The corps of employees remains unchanged.

DR. WM. D. GENTRY has accepted the position of Medical Director of the great National Sanitarium for Consumptives, located at Fort Union, New Mexico. He will therefore remove his office to this place. He also takes with him the type and general outfit of his new journal, *Record of the Homœopathic Materia Medica*, which was noticed in the February number of this journal at page 104.

THE Minnesota State Homœopathic Institute will hold its twenty-ninth annual session in St. Paul on Tuesday, May 29th, and continue in session three days. C. B. Pillsbury, M. D., is the President and Henry C. Aldrich, M. D., 313 Medical Block, Minneapolis, is the Secretary.

DR. NATHANIEL SCHNEIDER, of Cleveland, Ohio, died February 4th, 1895, after a long illness. Dr. Schneider was born November 1st, 1839, at Hamilton, Canada. He studied with Dr. Beckwith, of Cleveland, and graduated from the Cleveland Homœopathic Hospital College in March, 1864. He devoted himself to surgery, and for the past five years was Professor of Surgery in the Cleveland Medical College. He was for two years Vice-President of the American institute of Homœopathy.

THE AMERICAN MEDICAL PUBLISHERS' ASSOCIATION will hold its annual meeting on May 6th, in Baltimore, Md., in the parlors of the Eutaw House, at 9.30 A. M. An interesting programme is being prepared.

THE HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

Vol. XV.

MAY, 1895.

No. 5.

EDITORIAL.

APIS-MELLIFICA.—With the present article we give the last of Dr. Lippe's notes concerning Apis.

As has been before said, these editorials will be of no value to the readers of this journal unless they make them their own by memorizing or by noting them in some kind of repertory, so as to have them ready for instant application when called to a case.

In the mouth and throat symptoms of Apis we have the well-known indication, "swelling of the lips, especially the upper lip." This is quite an important characteristic of Apis, said Dr. Lippe in speaking of it; but *Calcarea-carbonica* and *Belladonna* also have it. The whole face of the Apis patient swells up, giving the impression that he has been stung by bees.

The pouting upper lip is an indication also for *Calcarea*. But the *Calcarea* patient has, at the same time, a swelling of the abdomen like a saucer turned bottom upward, and the whole individual is fat and flabby.

In the Apis patient the lower lip cracks open and the tongue feels scalded. There is burning and stinging of the throat not relieved by drinking water; and there are burning, stinging blisters on the edge of the tongue. *Belladonna* has burning in the throat with dryness and sense of constriction.

Spongia and Apis both have dryness of the throat without thirst.

This thirstlessness of Apis is one of its prime keynotes. Thirstlessness with dropsy is always a keynote of Apis.

In the provings of Apocynum in *The Guiding Symptoms*, Dr. Hering refers to Apis, and remarks pointedly that Apis "has no thirst in dropsies."

Of the fullness and distention of the abdomen recorded under Apis, Dr. Lippe remarked that it was significant of inflammation of the intestines, and that it was attended with nausea and retching followed by vomiting.

It is similar to Sulphur and Pulsatilla, but the pain of Apis is more intense.

The bloating is also similar to Calcarea-carbonica, Lycopodium, and Silicea. This distention of the abdomen is also significant of dropsy with swelling of ankles extending far up the legs, dyspnœa, diminished secretion of urine, and, of course, *thirstlessness*.

The diarrhœa of Apis is generally painless and is generally in the morning.

In typhus fever, when Apis is indicated, both stool and urine are involuntary.

Apis has tenesmus and discharge of blood after loose stool similarly to Mercurius. The dysentery of Apis is attended with thirstlessness, also.

Apis, Arsenic, Ipecacuanha, and Veratrum all have diarrhœa and vomiting. Apis has continual oozing from the anus of dark, bloody fluid. This symptom recalls the peculiar symptom of Phosphorus: "Discharge of mucus out of the wide-open anus." This is Dr. Lippe's keynote for Phosphorus.

Apis has strangury like Cantharis. This occurs especially in children. There is burning and smarting along the urethra as if it were scalded. The patient is troubled with continuous desire to urinate.

A striking characteristic of Apis is that *the last drops of urine burn and smart when passed*.

Apis is a prominent remedy for dropsy of genitals occurring after scarlet fever.

Apis has pressing-down pain in the uterus. This symptom is similar to Natrum-carbonicum and Nux-vomica.

Apis has also dysmenorrhœa in young girls. This is attended with congestion to the head.

The prime keynote of Apis is its burning, stinging pains. Nitric acid has stinging pains, but Apis has *burning*, stinging pains, and so has Gelsemium.

Apis generally has sensitiveness to pressure, but the headache of Apis is relieved by pressure.

The Apis patient sleeps late in the morning like Nux-vomica ; but he is harder to arouse. His sleep is a species of stupor.

The chill of Apis is worse from external heat and the fever is attended with burning of the hands and feet. The perspiration of Apis smells like musk.

The Apis patient sleeps after the fever paroxysm, and the Nux-vomica patient sleeps before it—that is, between the chill and fever.

Cactus-grandifloris and Lachesis have sleep during the fever stage of the paroxysm.

The Apis patient is worse from the heat of a room. This is similar to Pulsatilla. The Apis patient must have his window open. This is similar to Pulsatilla and Sulphur.

All these notes, the reader will bear in mind, are simply Dr. Lippe's comments. At the risk of much repetition we add Dr. Guernsey's keynotes.

The parts have a stinging like bee-stings. Eruptions on genitals stinging like bee-stings. Profuse uterine hemorrhage and heaviness in the abdomen. Faintness. Great uneasiness and yawning. Red spots like bee-stings on the skin. Menorrhagia with heaviness of abdomen. Enlargement of right ovary with pain in left pectoral region and cough. Mutual sympathy between lungs and ovaries.

Absence of thirst in dropsy.

Scanty urine and absence of thirst. Obstinate constipation. Stools seldom and difficult, with stinging pains and sensation in abdomen of something tight which would break if too much effort were used. Frequent waking at night with violent

screams, especially of infants during dentition. Red spots over infant's body, here and there. The child is restless and screams out in its sleep. Frequent bloody stools without pain.

Waxy paleness of feet and legs, which are much swollen. The child screams out suddenly as if from stinging pains. Erysipelatous eruption, inclining to spread all over the child and to become gangrenous. Red, inflamed, raised patches of urticaria with burning, stinging pains.

SYCOSIS.*

FREDERICK S. KEITH, M. D., WALTHAM, MASS.

By sycosis is meant a constitutional and contagious disease, whose primary manifestation is a gonorrhœa.

Before Hahnemann's time gonorrhœa was universally regarded as a purely local affection and treated accordingly. But it was observed that in some cases excrescences accompanied or soon followed the appearance of the discharge, and, an explanation being necessary, their growth was attributed to some special irritant property of the discharge (just what that was does not appear), or they were said to be a syphilitic manifestation. At that time the syphilitic origin was the more common theory, consequently the economy was assailed with massive doses of mercurials, of course without benefit. The warts were at the same time treated with the ligature, knife, or cautery.

Hahnemann evidently considered the primary manifestation of sycosis to be the fig-wart, for he says, in the *Chronic Diseases*, after referring to the violent external treatment of the excrescences: "The natural and immediate consequence of such violent treatment was that the excrescences generally came out again, and were again subjected to painful and cruel treatment. In case, however, they did not re-appear in their original form, they broke forth in the shape of more disagreeable and more dangerous secondary ailments; for neither the violent removal of the external embodiment or vicarious symptom of sycosis,

* Read before the Bœnninghausen Club, March 14th, 1895.

nor the internal administration of Mercury, which is not homogeneous to the miasm of sycosis, had the least influence in diminishing the intensity of this miasm and preventing it from affecting the whole organism."

The same idea that the fig-wart was the primary symptom seems also to be conveyed in the following: "The excrescences first appear upon those parts of the body several days or weeks after the infection by the act of coition has taken place. They are accompanied" (note the word *accompanied*) "with a sort of gonorrhœa from the urethra, are sometimes dry and in the form of warts, but more frequently soft, spongy, emitting a fetid fluid, *sui generis*, of a sweetish taste (almost resembling that of herring-pickle), bleeding readily and having the form of a coxcomb or a cauliflower."

Note also *Organon*, § 205 and foot-note: "Homœopathic practice never requires us to single out some primary or secondary symptom resulting from chronic miasms nor to resort to external local remedies either dynamic or mechanical. But wherever one of these symptoms appears Homœopathy cures the great fundamental miasm, together with which its primary as well as its secondary symptoms vanish simultaneously. But as the homœopathic physician will generally find the primary symptoms* to have been suppressed by local treatment of allopathic practitioners, it will be his duty to accomplish what his predecessors neglected to do. He will, therefore, give his attention more particularly to the secondary symptoms which result from the development of an inner miasm. . . ."

Hahnemann clearly saw that he had to deal with two classes of urethral discharges, for in referring to the discharge accompanying the warts he says: "In this kind of gonorrhœa the fluid which comes out of the urethra looks like thick pus." While in another place we find: "The miasm of the common clap seems to affect the urinary organs only locally; it does not pervade the entire system."

In other words, it seems from the accumulated evidence since

* Itch, eruption, chancre, bubo, condyloid excrescences.

his time that Hahnemann assigned to the venereal wart too high a place in the sycotic miasm, and gave too little weight to the suppression of the gonorrhœal discharge.

The practice of over half a century by Hahnemann's faithful followers only serves to emphasize more and more strongly the truths of the master, and as he left psora, so with little in addition it stands to-day. But of sycosis and syphilis we have merely a hint, a foundation, as it were, from which we must build. And the wonder is not that he did not go on with sycosis, but how one lifetime could suffice to accomplish all the immortal Hahnemann left us.

What he does not insist on in so many words is the ill effects of suppressing the discharge, regardless of the presence or absence of the warts. It seems that this point should be very strongly insisted upon, for many undoubted sycotic cases are seen where there have never been any warts or excrescences about the genitals or any other part of the body.

Our literature is very scant on sycosis, and this seems remarkable and deplorable when we consider the vast importance it bears to the welfare of this and following generations. The subject has not been given a tenth part the consideration it deserves; and can we hope for better results until cases are observed with diligence and care, and careful records of the symptoms and results of treatment are kept?

No hasty prescriber, anxious to cover each varying image of the disease, no careless routinist will ever investigate sycosis, a miasm just as deep as either syphilis or psora, and often far more insidious and difficult of management.

An article, "Thuja as an Intercurrent Remedy," by Bœninghausen, in the *American Homœopathic Review*, Vol. III, is full of interest. He speaks of the value of Sulph. as an intercurrent in many cases of acute and chronic disease in which a remedy, though accurately selected and strictly homœopathic, does not act. Continuing, the use of Merc. as an intercurrent in secondary syphilis is referred to.

I quote from the paper the following: "On the other hand, so far as I know, a similar use of our great antisycotic remedy,

Thuja, has not hitherto been customary, and it may not be amiss to call attention to it. If it is true that

"1. Variola and cow-pox belong naturally to the order of sycosis; that

"2. This miasmatic poison has received a prodigious propagation through the customary process of vaccination, and that, finally,

"3. Many chronic affections of the worst character prove intractable under our best remedies, and show no signs of improvement, until recourse is had to a remedy which has the power of acting favorably upon diseases of a sycotic character—if these things be true, then the circumstance is of sufficient importance to warrant a few words:

"1. If I am the first to utter the conjecture that condyloma and variola (or vaccinia) belong to one and the same disease, I base my hypothesis on the fact that both affections, so long as they present themselves without complication, find their surest and most complete cure in one and the same remedy, viz., in the juice of the Thuja Occidentalis, and in no other. . . .

"This much is certain, that no one of all our numerous remedies possesses so great and uniform a curative influence over small-pox, and that therefore the above proposition is not without justification, even though these facts be no incontrovertible demonstration of its truth."

To sum up the proposition it is: Thuja is prominent as an antisycotic, Thuja is often indicated in small-pox, therefore small-pox is likely to be a form of sycosis. This seems far from conclusive. Sycosis is one of Hahnemann's three chronic miasms, and like the other two pursues its relentless, progressive, ever downward course. Small-pox is essentially and entirely different in its nature. It is an acute disease, an acute miasm terminating either in recovery or death. Here is the difference in their nature: In the acute miasm the alternative, in the chronic no alternative, but final dissolution inevitable, unless homœopathically treated.

Puls. is often indicated in measles; Puls. is an antisycotic of

no mean rank. Shall we then conclude that measles and sycosis are one, or, more accurately, that measles is a sycotic manifestation?

Bœnninghausen further says: "2. The general distribution of this sycotic poison, which was indicated even by Hahnemann as one of the miasmatic poisons out of which chronic diseases spring, through the practice of vaccination, needs no further discussion if it be conceded that our first proposition is correct. We need only call attention to the thousand-fold experience that many children, who were previously in perfect health, begin, not long after vaccination, to become ailing, and, what is most remarkable, they become ill of such varieties of chronic diseases as require most frequently such remedies as are related to Thuja and such as may even be called in play in treating real condyloma."

Then follows a list of remedies useful in condylomata and sycosis. It is, however, true that in the list given, many of the remedies are fully as important antipsorics as antisycotics. And on that argument why should we not attribute the conditions brought about by vaccination as much to psora as to sycosis?

The third proposition stating the value of Thuja as an intercurrent has, however, a practical bearing on the treatment of this miasm, for no one can call in question the marvelous power of observation possessed by this great prescriber.

The "Anamnesis of Sycosis," *American Homœopathic Review*, by Bœnninghausen, should also be referred to.

This briefly is a list of the special symptoms of Thuja not found under either Sulph. or Merc. It therefore covers only as much of sycosis as is found in that miasm in common with Thuja. It is no more complete in detail than would a study of psora be, based on the pathogenesis of Sulph. or syphilis from that of Merc.

The practical question for us as physicians is how to recognize sycosis clinically in all its branches. Take any result of disease and how shall we answer the question, is this the result of psora, syphilis, or sycosis? Here we come to something that no abstract reasoning can settle for us, only strict adherence

to principle and a careful application of the homœopathic law will help us in the recognition and cure of this dread disease.

There are two ways of studying sycosis, as with syphilis or psora: 1. Careful observation of the course of the disease from the beginning. 2. Observation of cases under treatment.

1. This method can have but a limited value when the wholesale and promiscuous drugging is taken into account. A case uncomplicated by drugs is rare—yes, almost unknown. So that we cannot judge how long the discharge would remain of itself, thus preventing deeper ravages, nor what the future course would be after its cessation.

2. The observation of cases under homœopathic treatment affords us sure indications for placing the conditions in the right group. We *know* that symptoms (diseases) get well from above downward, from within outward, and in an inverse order of their occurrence. There is no other way. If after a prescription for headache, backache, a tumor or what not, these conditions disappear and a urethral discharge takes their place, what can be more certain than the class to which they belong? That which comes after an orderly prescription shows the nature of that which preceded.

Let us start with the primary contagion and follow the disease in some of its more common expressions.

In the first place, as to the discharge, is it possible to tell in the beginning whether we have to deal with a case that has in it the miasm of sycosis, with its long train of symptoms if suppressed, or a case of simple urethritis? In many cases I believe it absolutely impossible. Hahnemann tells us that in the specific cases "the fluid which comes out of the urethra looks like pus," and that "micturition is not very painful, but the penis feels hard and swollen. Upon its back it is sometimes covered with glandular tubercles, and it is very painful to the touch." The "bug-hunters" look for the gonococcus. But, clinically, when the easy access to drug-stores and the "sure-cure-in-a-week" remedies are considered, and the effect these have on a case before it comes under observation, I should hesitate before asserting that this case is sycotic, that case is not.

Secondly, can we predict from the intensity of the early symptoms and the duration of the discharge the severity of what is to come? I believe not.

A high grade of inflammatory conditions has been followed after suppressive treatment by no sycotic manifestations, and on the other hand a mild and apparently insignificant primary stage has furnished the foundation for life-long suffering.

The duration of the discharge affords no clue, for here, as in local treatment of other affections, various factors come into account. The discharge will be much easier suppressed in some constitutions than in others, and those discharges which are most easily suppressed bring in their train the worst results. The ordinary gleet lingering for month after month is not indicative of sycosis, but is due to psora and analogous to a catarrh from any other mucous membrane.

What can be generalized from this? Simply that each case, even the mildest, may hold within it the miasm of sycosis, and must be treated with the possibility of all the secondary manifestations in view, from the fact that we cannot in the beginning predict its future course. And, considering this, every effort must be made to avoid suppression of the discharge.

While this paper is not concerned with the treatment of gonorrhœa *per se*, it may be worth while to ask what constitutes a suppression? I think here it is too apt to be considered synonymous with allopathy and syringes. This is undoubtedly wrong, and I believe to-day that almost as much harm may be done by the low potencies or frequent repetition of the dose, or both, as is usually the case, as by injections. When you read of the "cure" of gonorrhœa in a few days by the low potencies or frequent dose, you can put that case down as a suppression, a substitution of the remedy for the disease. There can be no question of the fact that symptoms may be suppressed by frequent doses of even the highest potencies without a cure of the disease. What the treatment of gonorrhœa needs by the profession is that sort of prescribing in which a remedy will be carefully selected and allowed to complete its action before repetition or change. Let us not be in a hurry to deprive the patient of his only salvation—the discharge.

During the ordinary local suppressive treatment of gonorrhœa, inflammations of adjacent structures are set up and we have orchitis, prostatitis, cystitis, and even nephritis. In the sycotic form, more tendency to remain and become chronic would be expected—chronic induration of the testis and spermatic cord. In the female, the immediate results of suppression may be inflammation of the uterus, tubes, ovaries, and the starting-point of all the great host of gynæcological affections which, together with the bad treatment they receive, go far to make the existence of such a patient a living death. Think of the long list and add to it the so-called hysterical, reflex, sympathetic, nervous symptoms (the classification doesn't matter—no two of the authorities agree), and does it not seem incredible that physicians can go on blindly following the same routine of local suppressive treatment? In both sexes the disease is denied its natural outlet, and fixes itself on the nearest organ.

The earliest of the secondary manifestations, though they are also seen at other times, is the throwing out of warts and excrescences about the genitals. Here we see the effort to keep an external condition and protect the interior. Partly suppress the discharge, and at once, or after several days or weeks, the well-known venereal wart makes its appearance. Nothing is to be added to Hahnemann's description of them, previously quoted. In the strong, vigorous constitution, with its outward (*i. e.*, healthful) tendency marked, we should expect the venereal wart rather than in the weakly, run-down individual. Not by any means all have the vitality to throw out warts after suppression of the discharge; in fact, but a small proportion of cases have them. In poor constitutions, the disease is transferred toward the vital centres—the inner man is assailed, instead of the outer. If the warts appear, the next effort of the gross material thinker, and they are legion, is to rid the organism of this expression of the miasm of sycosis. They do not understand that, next to the discharge, these out-growths are the most harmless manifestation of the disease, because most external. What was true in Hahnemann's time is no less the fact to-day, that the warts are cut and tied and burned, and the larger the mass

of excrescences, the bigger and more puffed-up the operator who removes them feels. Instead of being thankful to have a patient with the vitality to produce a large crop of warts, they blindly and ignorantly refuse the internal disease its outward expression.

Their removal is followed by re-appearance, or else more serious, more internal affections take their place.

Gonorrhœal rheumatism ("gonorrhœal synovitis," some of our allopathic brethren prefer to call it—they have such a liking for naming diseases) has been for years a bug-bear to the profession, and the theories and speculations to account for it, and, at the same time, maintain gonorrhœa a local affection, are numberless. The whole mass of theory may be dismissed without discussion. To us, as homœopaths, it is worthless. With our law of cure, we can at once assign it to its proper place—sycosis. This is one of the most common and best understood of the sycotic conditions, and of itself (leaving all other results aside) should be convincing and perfect proof of the existence of this miasm. Such, however, is not the case. The trouble may begin shortly after suppression of the discharge or removal of the warts, or not for some time. Striking in the gonorrhœal rheumatism is the day aggravation, and it may be said in passing that the same is prominent in the whole miasm. All joints may be affected, but the knee and ankle are most common. The suffering is intense, with great excitement and restlessness. He is in constant motion, is worse before a storm, relieved by the storm. A correct prescription is followed by cure of the pains and reproduction of the discharge. In the absence of this, there is no tendency to recovery. The trouble stays in the knee, or more often goes down to the ankle or heel, and there it remains month after month. The joints become stiff, contraction of tendons may occur. The soles of the feet become sore and tender, walking being well-nigh or quite impossible.

But in the great majority of cases nothing so decisive as the gonorrhœal rheumatism develops. A sycotic individual may refer the beginning of his ill-health in an indefinite way to his attack of gonorrhœa, yet complain of nothing definite for years.

These later conditions of sycosis offer the greatest difficulty in their investigation, from the great care necessary in the prescription, and the long period during which they must be watched to understand their backward course under treatment. Not all cases have the vitality to reproduce the discharge after the deep ravages of the miasm. It may take two or three years of the most careful selection of complementary remedies before the individual is sufficiently built up to throw out the discharge. Not all patients will remain under observation so long. The results of disease in organs may be so far advanced as to render a cure impossible. Yet with all these and many other difficulties, a large number of diseases have been investigated, and in many instances verified by the appearance of fig-warts, or the discharge, if there was one.

And this brings us, before entering into a general description of the miasm and the organs and tissues affected, to a consideration of the contagiousness of sycosis. Is it possible to have sycosis without the individual having had a gonorrhœal discharge? It unquestionably is. The disease can be communicated years after the discharge has been suppressed, as from a husband to the wife. And she will take up the disease as she receives it—in the secondary form. Here, as for the contraction of any disease, the element of susceptibility comes in, and the closer their relations, the closer they enter each other's life, the more the chance of contagion. The fact of contagion in the secondary stage will not be accepted by all, some preferring to argue that we have a small amount of gleet discharge remaining, by which the disease is communicated. In answer to this it may be stated at once that a gleet discharge lingering for months is generally psoric and not sycotic. And as a matter of fact it is not the individual having a gleet, however slight, who does the harm, but one who was absolutely "cured" (of the discharge) in two or three weeks.

Whether the miasm is viewed in the male as following the suppression of a gonorrhœa, or in the female, taken either primarily or in the secondary form, certain features are common to both and of value in its recognition.

Very characteristic is the pallid, anæmic appearance. The countenance is waxy, gray, shiny, transparent. It has a sickly look. The blood is thin and watery, and often a hemorrhagic tendency is brought about. A disposition to build is seen on the surface, and warts and excrescences appear about the genitals, anus, and even lips, ears, and nose. Crusts that crack and bleed grow on the skin. Proliferation of epithelial structures occurs. Epithelioma will probably be found directly traceable to sycosis. Large seed-warts, sensitive and easily cracking and bleeding, are many of them sycotic.

Any portion or organ of the body may take on the results of this miasm. Sycosis is not limited to fig-warts, gonorrhœal rheumatism, stricture, but it seeks man's very interiors, dethroning even the will and the understanding.

Mental symptoms of all degrees are seen. Irritability, anxiety, hopelessness, despair, melancholia, doubts of recovery, doubts of salvation. Weakness of the memory. Inability to apply the mind, and a host of others, even various forms of insanity.

Study carefully the provings of *Medorrhinum* and their verifications, and we cannot but be impressed by the profound and general effect the poison has on the economy, and the mind takes its full share of the universal disturbance and suffering. All the organs seem affected, and there is no question that, as further provings of *Medorrhinum* are made and as experience broadens in the future, many of the results of disease now attributed to psora will find their cause in sycosis or a complication of the two miasms.

The lungs are affected by sycosis. Asthma, wheezing, rattling breathing, dyspnœa. Worse in damp weather. Phthisis pituitosa, catarrhal phthisis, the lungs break down. When expectoration is copious he is somewhat relieved, but suffers more as the expectoration is scantier.

Catarrh of the nose after suppressed gonorrhœa, the profuse discharge is an outlet and saves him from deeper troubles. He is a great sufferer if the discharge lessens. It may be green, yellow, white, or milky often.

Heart disease has been traced to sycosis.

Evidence seems to warrant the placing of some cases of Bright's disease in this group. Possibly diabetes also.

The stomach, liver, and spleen have been found affected.

A very prominent sphere of action is the genital system of both sexes. In the male are found chronic induration of the testicle and spermatic cord, impotence with its accompanying mental symptoms. In the female a complete list of the diseases would undoubtedly comprise almost all the affections known to the gynaecologist.

Schröder, a prominent "old school" authority in Ziemssen's *Cyclopædia* says: "Nœgerrath, of New York, holds that gonorrhœa in men is incurable; that when it is apparently healed it has only become latent, and in case of marriage it is invariably communicated to the wife. The latter contracts an inflammation of the mucous membrane which extends from the entrance of the vagina to the ovaries. Nœgerrath follows out this view very closely. He meets the objection that considering the commonness of gonorrhœa (80 % according to him and Ricord) all the wives should be diseased, with the reply, 'And they are all diseased. It has come to such a pass that young ladies are afraid to get married because they know that all of their married acquaintances were made ill directly and never again recovered.' Gonorrhœa in women, according to him, occurs in the form of an acute perimetritis (sometimes puerperal), a recurrent perimetritis, or an ovaritis. But the catarrh of the Fallopian tubes plays the most important part in the affection. A sudden escape of but a few drops of the inflammatory secretion (occasioned by a contraction of the tubes) may give rise to any of the various forms of perimetritis, including even the rapidly fatal acute peritonitis. Sterility, also, is very commonly due to a latent gonorrhœa and in the event of conception, abortion, premature delivery, and perimetritis during gestation are exceedingly apt to follow. Nœgerrath's assertions are undoubtedly extravagant, yet we are forced to admit that the chronic inflammatory condition of the genital organs—the endometritis, metritis, and perimetritis—are only too apt to be the result of gonorrhœal infection."

To Schröder, as he says, these statements of Nøggerrath were "extravagant," yet every word of them is full of interest, and the profession takes a somewhat broader view to-day than at that time.

And yet they cling to the material theory, and talk as if the gonococcus somehow was carried up through the vagina, uterus, and tubes and finally lodged on the ovary, and there executed his nefarious designs. This theory of extension must be given up in many cases, as it cannot be reconciled with the facts. The troubles do not always take the order which extension of inflammation would suppose. In some cases the symptoms are not at first those of the genital organs, but often various indefinite symptoms seemingly not directly connected therewith. The importance of this consists in the conclusion that a woman may become sycotic after marriage with a sycotic husband, and not manifest the contagion by any leucorrhœa or other acute local signs of a gonorrhœal infection. No immediate results may be seen, and perhaps after years she may have a cyst or tumor of the ovary or its ligaments. The pathologist will see no relation, but will examine the cells and the fluid and enter into long discussions about embryonic tissues, etc., as if a thing can exist of itself without some prior cause—*i. e.*, be the cause and the effect in one.

Sycosis is a constitutional disease, and has a marked affinity for, a tendency to ultimate itself in the female upon the sexual system. As previously stated, the list of affections is a long one. Terrible dysmenorrhœa, most intense suffering is experienced. Inflammation, even ulceration of the os, cervix, and uterus are not rare. Inflammation of the Fallopian tubes, pyo-salpinx, hydro-salpinx, various diseases of the ovaries, malpositions of the uterus, symptoms of the bladder, have all been traced to this cause.

A very important feature, and it is Providential, so far as it saves the future generations, is sterility. Sycotic marriages are not fruitful. Commonly no children are born, or but one. We can conceive of cases where the woman has strong vitality, only slight susceptibility to the husband's nature, and great re-

sistance to morbid influences. In such a couple marriage may be more productive. The general statement, however, is true that the number of births is greatly lessened. The percentage of abortions and premature births, however, is greatly increased, and the complications are rendered greater.

The hereditary form of sycosis offers a tremendous field for future study. In this stage of the disease we cannot have the characteristics of the miasm as clear and evident as in the secondary form. The disease is complicated with psora or syphilis, or both, and handed down as a unit, not with one group of symptoms or the other uppermost (as is often the case in the secondary stage, unless maltreated).

The infant has the appearance of a little old man, unhealthy aspect, fine, frizzy, hairy growth on the face. They often take on marasmus. Cholera infantum is frequent in the sycotic, Medorrhinum being the only remedy that will save the case. These children are unusually exposed to and affected by the diseases of childhood. Disorders of the mouth and stomach are frequent. The bones are soft; child is late learning to walk. Infants wheeze, often become asthmatic at puberty. Most of the asthmatic children are sycotic. Warts and excrescences are often seen about the genitals of children of both sexes. They may come without any treatment, and show the effort of nature to establish an outward expression. Children of strong vitality are the ones who have them. Women of good constitution, virgins, show this expression of sycosis.

The tertiary conditions are very hard to trace, and require great tact and knowledge for their investigation. It is probable that many young men and women, often the only child born to the parents, are treated, where sycosis is at the foundation of the trouble, and unsuspected. Man does not publish his misdeeds far and wide. He hides them, and from none more than his children.

The prognosis of sycosis should be referred to. The cure, where the trouble dates from a suppressed gonorrhœa in that patient, consists in the return of the discharge and its subsequent cure by the internal remedy. There is no other way.

Any case in which the discharge does not return cannot be considered a cure, no matter how much the symptoms are palliated and changed by remedies. Without a return there is no permanency. Where sycosis has been taken in the secondary form, as by a woman from her husband, the cure is the growth of fig-warts or cauliflower excrescences and their removal by the homœopathic remedy. Large masses grow from the cervix, sometimes almost occluding the vagina. In the hereditary subject, the progress toward cure is manifested by warts about the genitals. The anus may be almost surrounded by them. These, in their turn, are cured.

Thus, we see in sycosis, as in syphilis or psora, the outward course of symptoms in the progress to health. The returning discharge often lingers for months, the excrescences thrown out often prove most intractable. This should be expected and is according to law. Not until the internal disease is completely eradicated should these external embodiments disappear, and it is not to be expected that life-long miasms can be cured in a few weeks. Months and even years are required.

The treatment of sycosis, as of all other miasms, should be conducted exactly according to the teachings of the master, as given in *The Organon*. Here, as always, the totality of symptoms furnishes the only indications for a remedy. Let us not, however, consider its treatment an easy task, for in no class of cases is the arrival at the simillimum more difficult. Nowhere will the skill and patience of the prescriber be more tried than in the development and cure of this miasm in its multitudinous forms. Skill in selection of a remedy and its complements, patience in waiting for a remedy to complete its action, are imperative.

I believe sycosis to be not one bit less deep-seated and fatal than either syphilis or psora. A common saying among young men is that "Clap is no worse than a bad cold," a thing easily taken and easily cured; some at that age seem almost to be proud of it. But, alas! they know not the insidious but relentless nature of the destroyer.

ARTIFICIAL DISEASES AND THEIR TREATMENT.

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I have read Dr. F. O. Pease's and Dr. Sawyer's articles in the *Medical Advance*, on the subject of artificial diseases and their treatment, with much interest. It is a subject that has interested me for years, and I wish to add my experience as further demonstration of the truth in this very important department of therapeutics.

For years I have been reporting cases through our journals in which the patient was either cured by antidoting the bad effects of crude drugs (artificial diseases) by a high potency of the same thing that produced it in the first place, or it cleared up the case to that point where the proper simillimum could be found for the natural disease, which was a thing impossible until I first removed the artificial disease.

Dr. E. W. Sawyer was the first one to call my attention to the fact that it was a law—the law of similia in the treatment of artificial diseases produced by crude drugs. Will it cure it in every case? I might answer this question by saying yes and no. If the case is an uncomplicated one, or the history points to some suppression, it is almost certain to be the remedy. Again, you may first have to counteract psora or some other miasm, or *vice versa*, depending much on the nature of the symptoms, just as you do in treating the natural acute disease. Often, by counteracting the miasm present you cure the acute condition. The life-force will often throw off the effects of the drug when the psora is removed. I often think that the effects of any crude drug upon the organism is but the peculiar way in which it stirs up some latent miasm that has been smoldering in the organism; but in uncomplicated cases there is no truer simillimum than a high potency of the drug that produced the disease.

Drs. Hering, Lippe, and Swan had recognized this fact, but strange to say, had not recognized the law. Dr. H. C. Allen, as far back as 1880, recommended *Rhus-tox.*²⁰⁰, which was then

considered a high potency, for the cure of Rhus-tox. poisoning. Dr. Hering, in his *Guiding Symptoms*, refers us to the fact that Mercury or Opium if given in a high potency will often cure the effects of the crude poison. I am asked by many how long I usually wait after giving the high potency for antidotal purposes. My reply is, "Just as you do in the treatment of any chronic." I have cured acute cases of Rhus-tox. poisoning in three days, and have had to treat a chronic one a year before it was cured. Any remedy may be somewhat similar to the case and palliate (physiologically speaking), but the dynamitized poison is the highest phase of similia in the antidotal treatment of drug disease. It at once cancels its action upon the life force, so it can no longer prey upon the organism. Its forces are *spent*; it has met its *positive*; or, in other words, it has assisted the life forces in throwing off the disturbing force. We call this antidotal treatment, but the same thing might be said of the natural disease. *We are forever losing sight of the principle that Hahnemann discovered disease to be—the disturbed life force; and what difference does it make whether this life force be disturbed by the dynamitized powers of a psoric poison or by Quinine, by the tonic effects on the organism of some zymotic poison or the effects of Strychnine? The modus operandi are the same.* Can you remove the effects of the toxic poison, or entirely free the system from them, by aid of the stomach pump or by an emetic or cathartic? No. Can you purge them out? No—from the fact that any crude drugs, irrespective of quantity given or time the patient may be under its influence, may produce a drug disease. A single dose of Castor Oil or Castoria given to a delicate infant has been known to produce a persistent constipation or paresis of the bowels that required months to cure. The inconsistency of professing to remove or cure the bad effects of one crude drug by giving another—fully demonstrated in the Keely cure to remove or cure chronic alcoholism. Mechanically we are after the drug, and dynamically we are after its effects upon the life forces. The first often saves life, but it does not remove the cause; the disturbed life force has not been touched.

Iron for Arsenicum poison and Iodine or the Sulphate of Zinc for Rhus poisoning, applied locally, is the science of a school of medicine that is only acquainted with the material man. It knows not Hahnemann's man, nor his laws that govern life. Their gods, though "dead, long dead," they worship still. Shall we, too, be hero worshipers, and not follow up the wonderful law of Hahnemann's?

No one with a reasoning mind can study a natural law (nor a spiritual one, for that matter), but that it will unfold itself to him in a clearer light and on a broader basis. The light comes to those who look for the light; and is not this so-called isopathy but similia upon a broader basis? They tell us if we use a high potency of a drug to cure or antidote the artificial disease that it has produced, we are practicing isopathy in place of Homœopathy. Well, if isopathy is a law of cure let us have it. The law of nature is the will of God, but I do not believe it is a natural law, nor do I think it exists in the material world. It is, therefore, a misnomer. Nature everywhere teaches us that there are no two things exactly alike. The same may be said of the forces of nature. The men who are seriously investigating and searching for the truth in this direction think otherwise. To them the star has made its appearance, and the truth must follow a careful and unprejudiced investigation. See *Organon*, 18, 28, 29. A similar disease cancels a similar disease. And since between idem and æquale can only be simillimum, it is, therefore, a similia of the highest degree of resemblance.

Hahnemann says: "Some would like to create a fourth mode of applying medicine in disease—by isopathy, so-called. But, granted this could be done," he says, "though it would be an inestimable invention"—it would still effect a cure by similia, since the miasm or drug, as the case may be, is given only highly potentized or in an altered condition.

How many times have you selected with all care and good judgment the antipsoric remedy for your patient, only to see failure follow its administration; whereby probably a score of previous cases had been cured or the result was all you had expected. Look carefully over your case again and you will find

symptoms of cinchonism, mercurialism, nitrate of silver, the narcotics, patent medicines of some kind, or probably chronic alcoholism. Antidote any of the above that may be present; then, if your antipsoric remedy be still indicated, you will get results that will astonish you.

Do not think for a moment that I advocate the giving of a high potency of Quinine because the patient has taken Quinine, or of Mercury because he has taken Mercury, but because you find the symptoms of it in your patient. Even if some antipsoric remedy may seem to be better indicated in the case, antidote the natural disease first, as many times you will find the crude drug the exciting cause of stirring up psora, sycosis, or latent syphilis in your patient, on the removal of which the miasmatic disturbance subsides or disappears—a fact which I have tried to demonstrate by a number of cases given at the close of this article.

The more you investigate and study into this subject, the more you see that the so-called natural disease is but the outgrowth of an artificial one engrafted upon a psoric or miasmatic basis. Had the patient not suppressed an acute miasm by Quinine or endeavored to make a psoric liver act by toxic (mis-nomened physiological) doses of Mercury, he could have passed along through life very fairly and without much annoyance, so far as his chronic psora was concerned; and your so-named disease (pathological condition) would not have been the result.

CASE I.—Mr. B., aged forty-eight years. Has suffered for years with chronic enlargement and hardening of the liver. There is a sensation of weight and heaviness in the liver, with an almost constant dull pain in the lower lobe. The stools are hard, dry, scanty, and clay-like. Never has stool unless artificial means are employed. Has been idle for a year past, and for past three months confined to his bed. During that time he has been gradually emaciating and losing strength. His taste is either metallic or entirely lost. He has no appetite, and mentally is despondent and discouraged, with no hope of recovery. He sweats easily and profusely at times. His circulation is very poor; nose, ears, knees, hands, and feet cold. The gums, teeth,

tongue show marks of Mercury. He has taken it more or less all his life, and frequently in the six months previous to my taking the case. He says it is the only thing that helps him. Began treatment by giving two powders, Calomel^{dmm} (Swan), and since that time four doses of the CM (Fincke). He has been under treatment but three months and is now almost well. Constipation has disappeared, stools are natural, appetite good; sleeps well and almost in any position. Previous to my treatment he could only sleep when lying on his back. He now works every day and is fully on the road to recovery.

CASE II.—George L., aged forty. Has suffered with asthma for four years, and for the last two years has been unable to lie down. During the day he moves about with comparative effort, but at night is compelled to sleep in his chair, sitting almost erect. Family history good. Five years ago he suffered with third-day ague. Quinine was prescribed by three different physicians without relief, when he purchased a bottle of it, taking daily powerful doses of it for some time, of course suppressing the chills. Scarcely a year had passed until the asthma made its appearance, and a further knowledge of the case revealed no cause for his present trouble but the suppression of the chills by the over-doses of Quinine. Chinin-sulph.^{cm}, in water, was given, with directions to take a teaspoonful every two hours until five doses were taken. Results: Fourth day after taking, slight chill; asthma somewhat better. Seventh day, quite a severe chill. Was called to see him soon after the chill, but did not change the prescription. Tenth day, slept all night in bed very comfortably. On the fourteenth day he again reported that for the past few days he had slept all night except between the hours of twelve and one, during which time he was compelled to sit up, but again went to sleep and slept very comfortably until morning. His symptoms now are as follows: Mouth dry as a chip; tongue brown and crisp; lips covered with a whitish deposit like flour; thirst intense for small and frequent sips of cold water. He has stopped taking the medicine. He says, though it has helped his asthma, it is poisoning him, for he feels just as he did when taking an asthma specific one year ago, the principal con-

stituent of which was Arsenic. His suffering from thirst was so great that I was induced to give him Arsenicum^{cm}, which has removed all his symptoms, and he has had no return of the asthma. I have never met exactly this latter group of symptoms except in the last stages of *diabetes mellitus*.

CASE III.—Mr. A. A. and wife, farmers, both strong and healthy, although they have a family history of psora. They came to me for treatment in September, 1891. Both were suffering from Rhus-tox. poisoning, contracted from picking berries in a low, marshy district, where this vine grew in abundance. These cases were the severest that I have ever witnessed. Their bodies were almost entirely covered with vesicles filled with a yellowish, watery fluid, which, when broken, ulcerated, and in many cases ran together, leaving large, raw, ulcerated surfaces. It was worse upon the extremities, head and neck. Rhus-tox.^{cm} cured both of these cases apparently in one month, but it returned again exactly one year from that time, when I prescribed Sulphur^{cm}, based upon the psoric symptoms, followed by Rhus^{50m}. Mrs. A. was pregnant at the time, and when her child was born it had a very similar eruption all over the body, which was also cured by Rhus. A crop of boils followed some months later, showing that it had stirred up psora, which was cured by Hepar.

CASE IV.—Alice B., aged thirty. Erysipelas of the face eight years ago. Locally, Iodine had been applied. Since that time has had pain in left hip almost constantly. Was fleshy before erysipelas, but now is quite thin. Iodine^{cm} reproduced the erysipelas eruption, which was cured by Rhus-tox. Pain left on the appearance of the eruption, never to return.

CASE V.—Osa S., aged sixteen. Light blonde; fleshy. Menstruated fifteenth year. One year after a goitre made its appearance, which was treated locally with Iodine tincture. A month later chorea made its appearance; cured with one prescription, Iodine^{cm} (Fincke).

CASE VI.—Alice B.; constipation for twelve years. No relief but by enemas. History of case revealed that she was salivated previous to her trouble. Calomel^{dmm} (Swan), one dose, cured.

NERVOUS DEBILITY.

SARAH N. SMITH, M. D., NEW YORK.

October 31st, 1894, I was called to a Mrs. —, a lady something over thirty perhaps, who had suffered from a neurosis fourteen months or more. She had one child, a boy four years of age. Like the one in Scripture, "She had suffered many things, from many physicians," was nothing better, but rather grew worse. This case had baffled the skill of five physicians, each in his turn. I say skill, because they must have been skillful, of course, as they were from the "regular school," and men doctors at that. Notwithstanding, each in his turn failed to benefit the subject of this paper.

This patient was a lady of culture and refinement, reared tenderly by her parents, and tenderly cared for by a kind, indulgent husband, who had come to feel a fear that she never would be well again.

On my first visit the patient was suffering from an acute attack of indigestion, accompanied with a diarrhœa, that necessitated a limited and judicious diet, as she was already weak and exhausted, with stomach and bowels aggravated by the least amount of food, so that nausea and vomiting would appear at the slightest provocation.

I made a careful examination of the patient; found her weak and feeble, in body and mind, without any hope of recovery. I saw nothing that appeared to be incurable, and I felt that with close care and attention she could be restored to fair health at least. I reported to her friends accordingly, which report they received, I thought, with much incredulity. But that did not cause me to waver in the least, as I knew too well what Homœopathy could do for such cases.

The first object to be gained was to put the stomach in working order, and stop this drain upon the system, which was already very much depleted. The symptoms present indicated Arsenicum. I left Dunham's 200 to be given in water every two hours until my next visit. I called at 10 A. M. the next

day ; I found her greatly improved by sleep and rest, and the trouble from the bowels mostly removed.

She was very sure that she never should be any better—had nothing to live for only to suffer. “Wouldn’t you like to live to see your little boy grow to manhood and be a blessing to his parents and others?”

I spoke of the child to see if I couldn’t arouse some interest in her, as she was very indifferent to all her surroundings ; perfectly apathetic about everything. She complained of very strange, or as she expressed it, “queer” feelings in the head most of the time—indescribable, she said. She said her feet were cold, night and day, requiring a hot-water bag most of the time, showing the circulation to be very poor, liver torpid, stomach weak, and indigestion as a natural result.

For this condition I gave *Lycopodium* ; from Dunham’s 200 to Fincke’s 50M. This remedy did good service in many ways. The patient couldn’t see any improvement, and felt sure that her bad feelings would return as they always had. But *Similia similibus* applied, according to the law of Hahnemann, the Great High Priest of Homœopathy, works to cure, and it did not fail me in this case.

But the more difficult and important features in this case were yet to be dealt with : her mental condition.

She was not inclined to make the least effort of any kind ; quite satisfied to lie in bed undisturbed without care or thought, similar to *Apis*, but her great depression, with weeping and melancholy and dread of some great misfortune, gave preference to *Calcarea-carb.*, which is also a lazy fellow—then she had not the jealousy of *Apis*. I gave Dunham’s 200, which gave relief and quiet sleep, but the result was not satisfactory, to me at least. I then carefully reviewed the conditions to make sure that I had selected the indicated remedy. This drug seemed to me to cover the totality of her symptoms. I thought best, however, to change the potency, and gave the patient one powder of Descheres’ CM, with “*Saccharum-lactis*.”

When I went to her the next morning, I had no need to inquire how she felt, as her whole make-up showed the improve-

ment. She couldn't help but look pleasant (laugh ye who will). Is infinity limited or measured by any boundary lines? Nay, verily. The human body is composed of millions of cells, so minute as to be nearly invisible with the highest power of the microscope, hence requires minute portions of drugs to affect them. The infinitesimal dose as here used.

The patient was quite unwilling to say that she felt any better, but admitted that she didn't feel as blue and so much like crying all the time.

I felt that we had gained a great victory, as I would give more for a thimbleful of mental symptoms, improved, than for the relief of a bushel of bodily aches and pains, common to most sick people.

This patient was not free from pain, by any means, but I knew that would be made right, when we could counteract the effect of the drugs that she had taken all these months. Her stomach had been converted into an apothecary shop, and it rebelled, as it didn't like the drug business.

This necessitated a change in the treatment, and with this change health and comfort were near at hand. But it was not all joyous for the doctor and attendants even now, for there was a vast amount of imaginative ailments with this patient, as there is with most cases of nervous debility, depending, of course, something upon the cause of the debility. These symptoms gradually yielded to the indicated remedies, until all doubts of her recovery had disappeared, and the patient quite herself again, in most respects. She manifested more interest in her surroundings and was more hopeful for the future, and planned for the same.

It was the first experience of this family with Homœopathy, and it was not strange if they felt shaky as to the results.

My faith, however, was sufficient for us all. The Good Book says, "According to your faith be it unto you." This case was no exception. She continued to improve, went daily for a walk accompanied by her nurse. She was not anxious to walk, but was willing to do what would improve her most and restore her health.

I visited her daily for a month until I left the city two days for Thanksgiving. When I returned on Saturday, she was feeling very well and going down to take some of her meals with her family.

I visited her frequently through December and left her at that time comparatively well. Her husband wrote me January 7th, that she continued to improve and was doing well.

At that time I was taken ill and confined to my bed for nearly a month and did not see her again.

This case shows the superiority of Homœopathy over Allopathy. She was under treatment of the latter some fourteen months not to improve, but actually to grow worse, until her friends despaired of her ever being well again. Two months of pure Homœopathy, applied as the Great Master teaches, did the work, and placed the patient on a living basis once more.

POINTS ON THE REPEAL OF THE COMPULSORY VACCINATION LAW OF THE STATE OF NEW YORK.*

B. FINCKE, M. D., BROOKLYN, N. Y.

1. The law giving to the Boards of Health—*i. e.*, to the Commissioners—arbitrary power to order vaccination of everybody whenever they should see fit, is a veritable force bill, depriving any inhabitant of the United States of his right to his own body and soul by compulsory vaccination. Article VI Amendments to the Constitution insures to every person life, liberty, or property, which no State shall deprive him of without due process of law, and the equal protection of the law within its jurisdiction.

Far too much power is given to the Commissioners by that odious law, and the official for our city has proved twice his capacity to interpret it, not in the sense of equity and discretion as implied by the term “may” in the law, but in the sense of tyranny and arbitrariness which is abhorrent to our system of

* Read before the Anti-Compulsory Vaccination League.

government (Gaynor). For, in the last year, according to the official report, the whole number of small-pox cases from January to July 1st amounted to 385 cases, and this was the dreadful epidemic in a city of nearly a million inhabitants, against which the Commissioner opposed a veritable epidemic of vaccination, creating at least 400,000 cases of allopathic poisoning, in sending out his cohorts on a campaign of raiding the people in the dead of night, assisted by a strong police force, which committed such deeds of violence in the sacred homes of the people as never have been perpetrated in the worst old monarchical countries of Europe.

According to the report, every ward of Brooklyn has been invaded by at least two cases from January, 1892, to February, 1894. This remark seems to imply that small-pox is a chronically epidemic disease of Brooklyn, justifying continued compulsory vaccination.

To these chronic cases come three acute cases in the Eastern District, just discovered when the Supreme Court in General Term reversed the admirable decision of Judge Gaynor, denying the right of compulsory vaccination. The next evening 25 vaccinists, backed by 75 policemen, were sent out again to vaccinate everybody in the infected district, even the passers-by in the streets, whether previous vaccinated or not. Surely all these cases, even the 385 from January to July, last year, did not justify the declaration of an epidemic in this large city. Or will the Commissioner claim, that after having vaccinated 400,000, to have saved all the rest of 600,000 from small-pox !

2. Vaccination is made the condition of public education. An ugly discrimination is practically made by this compulsion. For it excludes all those from the public schools who can pay for private tuition of their children if they prefer them not to be vaccinated. This is all wrong. The rich and the poor ought to sit side by side in the public school. But it comes especially hard upon the workingmen who can ill afford to pay school-money while they are taxed all the same for public education.

What a farce is made of this true republican and democratic

measure, that every child should go to the public school to be educated to be a good citizen of the republic !

3. This despotic law elevates the old allopathic school of medicine to a State institution, against which there is no help if it is not repealed. The idea of compulsory vaccination in and out of schools is essentially an allopathic measure incompatible with homœopathic practice. The homœopathic school finds that vaccination is against sound principles of medicine and corrupting the health of the whole population by poisoning them with something which has no bearing at all upon small-pox, much less for protection from it. If a doubt arises in criminal cases, the court gives to the criminal the benefit of the doubt. The criminal according to that odious law is not the Commissioner who is empowered thereby to suppress the people if so he is disposed, but the people who rise against the oppression. As the contest about the value of the tyrannical measure is going on, let the people at least have the benefit of the doubt and exonerate it from the compulsion in and out of school by repealing the law.

4. The assumed value of vaccination by the allopathic profession of which the Commissioner is an offspring, has nothing to do with this enforcement of compulsory vaccination. This trick which is calculated to obtain succor from the panic created by declaring a disease epidemic is contemptible and should be resisted by all right-minded men. It is absurd for the inhabitant of the ward where the Commissioner is located (in the Western district) to feel assured of not becoming infected when 400,000 persons of the Eastern district are vaccinated under the most outrageous circumstances that could be imagined. If there is such a bliss in vaccination why does the Commissioner not raid the Brooklyn Heights or The Hill? Why does he not send his minions just as well into the City Hall and the municipal buildings around it? Why does he not arrest every one walking in the street in the pursuit of his business?

5. The idea by universal vaccination to stop and stamp out the small-pox disease is childish. The child wants to reach the

moon with its little hands. The susceptibility of a person for small-pox is not under the control of the Commissioner, who like the profession to which he belongs, does not acknowledge the fundamental principles of healing, viz., the homœopathic, or he would use homœopathic means for protection. The infection of small-pox does not proceed by means of microbes, bacteria or bacilli, but in an insensible, unassignable manner which escapes the efforts of the bacteriologist and pathologist. The poverty of allopathic treatment is nowhere more conspicuous than in the treatment of small-pox, for we have it on the authority of the Pathological Society of Brooklyn, which indorsed the Commissioner, that the only scientific treatment of small-pox is vaccination and re-vaccination and continually repeated re-vaccination. No medical treatment is given in the small-pox hospitals for small-pox. The windows are open the weather may be as it will. This comes from patients who have been there.

Nay, vaccination as inoculation has become the Alpha and Omega and the prevailing type of general allopathic practice. They have not physiology enough to know that the sick can be reached by safer and gentler means than by hypodermic injection of poisonous substances.

6. If vaccination and re-vaccination is the only treatment for small-pox patients and the mainstay of prevention, then the whole matter is in a nut-shell: the immense power of a Commissioner of Health is used for incalculable injury to the public, and should be curtailed by repealing that obnoxious law. If this is offensive in the nostrils of the reigning schools, make the most of it! In such things pertaining to life, liberty, and happiness of the people, guaranteed by the Declaration of Independence and the Constitution, we must obey God more than man, and persist upon the repeal of compulsory vaccination in and out of our public schools.

DR. CONSTANTINE HERING ON VACCINATION.

W. B. CLARK, M. D., INDIANAPOLIS, IND.

EDITORS OF THE HAHNEMANNIAN MONTHLY :

In your February issue appears a short communication from Dr. E. M. Hale, of Chicago, headed, "A Letter from Dr. Constantine Hering," in which Dr. Hale says: "I would call the attention of Hahnemannian isopathics to his opinion of the value of varioline in small-pox." Referring to Dr. Hering's letter, we find that it was written to Dr. Hale under date of December 14th, 1871, and that his allusion to variolinum is singularly brief, he only saying: "But variolin is not sufficient in small-pox." This, after showing that sulpho-cyanates were contained both in the pus of small-pox pustules and in variolinum, thus establishing the necessary homœopathicity or isopathicity, whichever the reader may prefer.

Please permit me to call attention to another "letter from Dr. Constantine Hering" on an allied subject, written during the same decade, appearing in an English newspaper in the middle of 1878. This letter was republished by Mr. W. Young, in England, as an anti-vaccination tract, in which Dr. Hering is spoken of as the "Father of the Homœopathic School of America." In this letter Dr. Hering characterizes all vaccination as "a poisoning of the blood." Another passage reads: "In Jennerian vaccination there is the production of a real contagious disease, acting by zymosis or fermentation in the blood, thus endangering the organism." After alluding to the mix-up in the styles of vaccination, and the danger of thereby inoculating diseases, he says: "If it had been a poisoning, even with the very best real cow-pox, it now became a poisoning of nearly all children with the most horrible diseases. Many even were murdered, and an indefinite number poisoned for life." He remarked, in closing: "It is, no doubt, an intolerable tyranny to compel vaccination by law." In the language of Dr. Hale: "I would call the attention (of the whole medical profession) to his opinion of the value of vaccination,

or, rather, to its dangers." As to its value, it has absolutely none, and it is a wonder that the medical profession, or any part of it, persists in hugging this superstitious delusion. It must be through ignorance. Therefore each one should stock up with the literature of the subject and peruse it—I say permit it, for it will not need study to carry conviction that vaccination does not prevent small-pox. A good example of this fact is fresh from your city in the statistical record of five thousand cases of small-pox in Philadelphia, contributed to the *New York Medical Journal*, March 17th, 1894, by Dr. Welch, which shows that at least three thousand five hundred and fifty of the cases were among vaccinated persons. As to the compulsory phase of the subject, Dr. Hering was right in stigmatizing it as "intolerable tyranny." In fact, the rock of ages on which anti-compulsory vaccination stands is that the moral sense of mankind is outraged by the official enforcement of the preposterous proposition that it is necessary to poison healthy blood to insure health; and it is this moral sense that gives each man the right to refuse to obey such criminal legislation either for himself or for his children.—*Hahnemannian Monthly*, March, 1895.

LABOR PAINS TREATED WITH THE SIMILLIMUM.

DR. W. E. EVERLY, GLYNDON, MINN.

CASE I.—December 26th, was called to attend Mrs. L., a tall, slim Swedish woman, in confinement, with her fourth child.

Found she had been having pains all day, but had ceased about two hours before. She said when she had the pains they began in the back, and passed down the inner side of the thighs.

She being of an irritable nature and very sensitive to pain, led me to think of Cham., which I gave in Φ one drop in a teaspoonful of water; one dose.

Then finding out the condition found the os fully dilated, though rigid. Now I sat down to wait. In about fifteen min-

utes she had a slight pain; in ten minutes more another, more severe, and in five more another, when the child was born.

In about fifteen minutes the placenta was expelled without trouble; this she said had always been fast before, and had "to be taken," as she expressed it.

She made a good recovery.

CASE II.—June 16th, 1894, I was called to attend Mrs. H. in her first confinement. Finding I had arrived too soon, I sat down to await developments. After waiting two or three hours I jokingly said to her that if she did not hurry up she would keep me up all night. She said she had been thinking the same thing. But on getting up to cross the floor I noticed she seemed dizzy.

Previous to this I had noticed her being drowsy; then I began to study my patient. She is a tall, slim, mild, timid patient, light hair. Dullness, drowsiness, dryness, with tardy dilitation, rigid os, led me to think of Gels., which I gave in the 200th, a dose every twenty minutes, until three doses were taken. In about two hours the child was born without the use of instruments or very severe pain. Made a good recovery.

CASE III.—Mrs. A., Scandinavian, slim, medium height, red hair, mother of two children, had been in labor thirty-six hours attended by a midwife.

I found her sad, tearful, fears she won't get well. Consolation aggravates, is very much exhausted, pains ceased, had a chill about ten A. M., has felt no movements or pain since. Midwife said the child was dead, and could not be delivered without instruments. I gave her a dose of Nat-mur.²⁰⁰ in water, in about fifteen or twenty minutes she began to have pains; three doses twenty minutes apart brought the child alive and all right, with very little assistance.

HOMŒOPATHY IN MISSOURI.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN:—The Missouri Institute of Homœopathy has begun its campaign for recognition by the State government. At a meeting of the In-

stitute in St. Louis in April last, a committee of five was appointed to call upon the State authorities, and urge the granting of such recognition.

The homœopathists will make a strong fight for recognition in the State eleemosynary institutions, more particularly the insane asylums, and for the establishment of a chair of Homœopathy in the State Medical College in the University of Columbia. The committee is composed of Dr. W. C. Richardson and Dr. W. B. Morgan, of St. Louis ; Dr. T. H. Hudson and Dr. E. F. Brady, of Kansas City, and Dr. J. H. Ravold, of St. Joseph. They had a long interview with Governor Stone, and have interviewed many members of the Assembly.

The Institute predicates its demands for recognition by the State upon the large number of patrons and practitioners of Homœopathy in Missouri ; estimating that the physicians and patrons pay from one-sixth to one-fifth of the entire taxes in Missouri ; those in St. Louis paying one-third, and those of Jackson County one-half of the taxes levied in those districts. What the Institute asks, is control of one of the insane asylums of the State, and a chair in the medical department of the State University. The concession with regard to the asylum could be made, without legislation, merely by securing the consent of the governor to appoint a controlling number of homœopaths upon the board of such asylum. As to the desired chair in the university of Columbia, a special order would be asked for directing the curators of the State University to appoint a practitioner of Homœopathy to such chair.

The homœopaths have reached the conclusion that Governor Stone will not wish to assume the responsibility of directing the appointment of a member of their school to a chair in the medical department of the State University, and the special committee of the institute, has prepared a bill for early introduction. Even though the governor might consent to take such action as is desired, the advantage so gained might all be undone by the next State administration.

The matter of securing control of one of the insane asylums of the State, the committee thinks, is entirely dependent upon legislative action, and the committee will proceed with modera-

tion, realizing that it will be necessary for them to conduct a campaign of education, and to guard as thoroughly as possible against attacks by practitioners of the allopathic, or regular school. The body of the homœopathic bill already prepared is as follows :

An act to establish a chair of Homœopathy in the State University.

SECTION 1. The Board of Curators of the State University shall establish and maintain a chair of Homœopathy in the State University of Columbia.

SEC. 2. The instructor, or instructors, in Homœopathy shall be adherents of the homœopathic system of practice, and shall be graduates of medical colleges having a membership in the International Collegiate Committee of the American Institute of Homœopathy.

SEC. 3. The fact that there is no instruction being given in Homœopathy in the State University creates an emergency within the meaning of the Constitution ; and, therefore, this act shall take effect and be in force from and after its passage.

Another bill providing for the setting aside of one of the State asylums (insane) for the homœopaths exclusively, is being prepared, and will be introduced soon.

The outcome of this effort to secure a fair distribution of State patronage is anxiously waited for.

Yours very respectfully,

WM. C. RICHARDSON, M. D.

MATERIA MEDICA NOTES.

One does not often think of Iodine as a remedy for diarrhœa, yet it is indicated for purulent stools, with cutting pains in the intestines, accompanied by nausea and vomiting and sour taste in the mouth. Several cases of winter diarrhœa have presented just such symptoms.

Iodine produces extreme emaciation and increases the appetite.

Iodine resembles Spongia in its therapeutic action. In children with black eyes Iodine is preferable ; in children with blue eyes Spongia. The Iodine cough is moist but harsh ; the

Spongia, dry, barking, rough, with suffocation spells. Spongia is useful (after Aconite) at the beginning of croupous inflammation. Iodine when the membrane is extensive, with jerking breathing.

In scrofulous patients, with dry coryza becoming fluent in the open air Iodine is beneficial; also when there is a chronic fetid discharge.

This is the season for neuralgias, and a few hints may be acceptable.

Stannum—When the pain increases gradually to its highest pitch and then gradually declines.

Mezereum—Periodical attacks of left-sided supra-orbital neuralgia, commencing in the morning, increasing until noon and then gradually subsiding until four P. M. (similar to Caust.).

Belladonna—Pains come on suddenly and as suddenly disappear. Face, red, hot, and bloated: aggravation from noise, light, motion, and touch.

Arsenicum—Periodical neuralgia, with burning, stinging pains, aggravated at night.

Amelioration from warm applications. Always to be thought of after the abuse of Quinine.

Spigelia—Ciliary neuralgia, worse about two A. M. Sharp, shooting pains radiate from the eye in every direction, and especially back into the head.

Rhus-tox—For facial or other neuralgia occasioned by getting wet. Stinging, burning, darting, and tearing pains, somewhat relieved by cold applications. Patient is very restless and feels somewhat better from moving about.

Causticum—Intermittent neuralgia coming on at nine A. M. and going off at three or four P. M. Hardness of the muscles in the region of the pain. The pains are tearing in character.

Chelidon—Neuralgia of the eyebrows and temples, pain passing over the frontal region and the eye of the same side, which is reddened and full of tears. Pain is hammering, burning, stitching, or tearing. Slightly relieved by pressure with the hand. Aggravations from light, fresh air, or any motion of the head. The paroxysms are periodical and begin with yawning and chilliness.—*The Medical Visitor*, April, 1895.

AMERICAN INSTITUTE OF HOMŒOPATHY.

CHICAGO, ILL., May 8th, 1895.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN :

The Transportation Committee begs to announce through your journal that special rates were conceded to members of the American Institute of Homœopathy for the annual meeting at Newport, R. I., June 20th to 29th, next, by the Boston Passenger Committee, and since concurred in by the Trunk Line Association and the Central Traffic Association. The rate authorized is one and one-third, certificate plan, for the round trip.

For New England the rates are as follows: Two cents per mile from points within twenty-five miles from Newport, with a minimum rate of twenty-five cents. One dollar from points from twenty-five to thirty-three miles from Newport, and one and one-half cents per mile from points more than thirty-three miles from Newport.

In order to secure this reduction in fare, the members and delegates to the American Institute must bear in mind that it is on the certificate plan. This means that each person must purchase a first-class ticket to the place of meeting, for which he will pay the regular tariff fare, and upon request the ticket agent will issue to him a certificate of such purchase. When the member arrives in Newport he will hand his certificate to the Chairman of the Transportation Committee, who will attend to the red-tape requirements of the New England Committee. He will then be furnished with a return-trip ticket at one-third the amount paid going.

All the railroads running east from Chicago, St. Louis, and intermediate points are in the Associations which have granted these reduced fares, and as there is no "official route," each member has absolute freedom to choose his own line. Tickets from Chicago to Newport are \$21 going and \$7 returning by the differential roads, and by the other roads \$23 going and \$7.65 returning.

It is the intention at present for the Western delegates to leave Chicago and St. Louis on Monday, June 17th, to spend one day at some attractive resort *en route*, and arrive in New York on Wednesday, the 19th. They will proceed thence by the Fall River Line steamer, "The Plymouth," which leaves New York, Wednesday evening, at 6.30, from Pier 28, North River, Murray Street. This steamer has abundant accommodations for everybody, and state-rooms should be secured beforehand by applying to Mr. O. H. Taylor, agent of the Fall River Line, Pier 28, North River, New York City.

Members are requested to bear specially in mind the rigid rule of the Railroad Associations, that without a certificate no reduction in the return fare will be made.

Yours, fraternally,

A. K. CRAWFORD, M. D.,

Chairman.

THE NORTHERN INDIANA AND SOUTHERN MICHIGAN SOCIETY.

The eighth semi-annual meeting of the Northern Indiana and Southern Michigan Homœopathic Medical Association was held in Elkhart, Indiana, Thursday, May 2d, 1895, in the Century Club rooms, Dr. W. B. Kreider in the chair. Members present: Drs. G. W. Bowen, Ft. Wayne; I. O. Buchtel, Auburn; E. Franz, Bowen; T. C. Buskirk, White Pigeon; Geo. L. Shoemaker, Nappanee; M. K. and W. B. Kreider, Goshen; W. H. Thomas, A. L. Fisher, A. R. Lieb, and H. A. Mumaw, Elkhart. Visiting physicians: A. D. Smith, Angola; W. F. Lockwood, Wyatt; E. W. Murray, Chicago; S. M. Devor, Elkhart, and Madge D. Mateer, Weihien, China.

The meeting was called to order at 10.45 A. M. by the President, and after roll call, the minutes of the previous meeting were read by the Secretary, Dr. H. A. Mumaw, and approved. Dr. Wm. H. Shaw, Constantine, Mich., was elected to membership.

The necrologist, Dr. Thomas, reported on the death of Dr.

Warren E. Newton, of Ligonier, who was one of the Society's strongest members. He was only thirty-eight years of age. He was a graduate of the Homœopathic Hospital College, of Cleveland, Ohio, and had been a resident of Ligonier for eleven years, where he had a splendid practice, and was surrounded by more friends than most of us enjoy.

The President's annual address was then read. Reports of delegates from other societies were called for. The Treasurer's report showed that the finances of the Association were in a satisfactory condition. Reports of bureaux were next in order. The following papers were read and fully discussed by all the members present: "Eye Injuries," Dr. Kreider; "What are Symptoms, and How do we use them in Prescribing?" by Dr. E. R. McIntyre, Chicago (read by the Secretary); "Dissection and Vivisection," Dr. Green (read by Dr. Fisher); "Psorinum," by Dr. Shaw; "A New Remedy," by Dr. Bowen; "Calipha Indica," by Dr. Fisher; "Gynecological Surgery," by Dr. M. K. Kreider; "Paroxysmal Tachycardia," by Dr. Buchtel; "Remedies Prescribed in Thirteen Hundred Cases," by Dr. Fisher; "Treatment of Catarrh," by Dr. Bowen. A poem entitled "A Contribution to the N. I. and S. M. Homœopathic Medical Association," by Dr. T. P. Wilson, Cleveland, O., was read by the Secretary. A vote of thanks was extended to the doctor for the clever contribution. Reports of cases, by Dr. Buskirk. Dr. Mateer gave her experience in the practice of medicine in China, which was listened to with marked attention.

The Chairman appointed Drs. Mumaw, Fisher, and Thomas a committee on publication to whom the papers read were referred. Chairmen of bureaux for the next meeting were appointed as follows: Surgery, Dr. Turner; ophthalmology, Dr. Beaumont; materia medica, Dr. Franz; practice, Dr. Shaw; gynecology, Dr. M. K. Kreider; pædology, Dr. Lieb.

Election of officers for the ensuing year resulted as follows: President, Dr. Buchtel; first Vice-President, Dr. Thomas; second Vice-President, Dr. Buskirk; Secretary and Treasurer, Dr. Mumaw. Dr. W. A. Whippy was appointed Necrologist.

It was unanimously decided to hold the next meeting at Goshen on the second Tuesday of September next.

Adjourned.

THERAPEUTIC HINTS.

C. M. BOGER, M. D., PARKERSBURG, W. VA.

1. Menses stain indelibly—*Viburnum*, *Medorr.*, Bursa-past., Mag-sul.

Hæmaturia, especially if due to abuse of Quinine—Boracic-acid.

Neuralgic pains which leave the bone sore—HEPAR-S.

In burning pains Kreosote stands next to Arsenicum, and cures frequently after failure of the latter.

Intoxication from the vapor or fumes of gasoline, benzine, etc., or symptoms in workmen handling them, generally require Gelsemium.

Abuse of snuff, resulting in constipation, with or without vertigo—Silicea.

THE ACIDS OF FRUITS.

The grateful acid of the rhubarb leaf arises from the malic acid and binoxalate of potash which it contains; the acidity of the lemon, orange, and other species of the genus *Citrus* is caused by the abundance of citric acid which their juice contains; that of the cherry, plum, apple, and pear from the malic acid in their pulp; that of gooseberries and currants, black, red, and white, from a mixture of malic and citric acids; that of the grape from a mixture of malic and tartaric acids; that of the mango from citric acid and a very fugitive essential oil; that of the tamarind from a mixture of citric, malic, and tartaric acids; the flavor of asparagus from aspartic acid, found also in the root of the marshmallow, and that of the cucumber from a peculiar poisonous ingredient called fungin, which is found in all fungi, and is the cause of the cucumber being offensive to some stomachs.

It will be observed that rhubarb is the only fruit which con-

tains binoxalate of potash in conjunction with an acid. Beet-root owes its nutritious quality to about nine per cent. of sugar which it contains, and its flavor is a peculiar substance containing nitrogen mixed with pectic acid.

The carrot owes its fattening powers also to sugar, and its flavor to a peculiar fatty oil; the horse-radish derives its flavor and blistering power from a volatile acrid oil. The Jerusalem artichoke contains fourteen and a half per cent. of sugar and three per cent. of inulin (a variety of starch), besides gum and a peculiar substance to which its flavor is owing; and, lastly, garlic and the rest of the onion family derive their peculiar odor from a yellowish, volatile acrid oil, but they are nutritious from containing nearly half their weight of gummy and glutinous substances not yet clearly defined.—G. W. Johnson in the *Chemistry of the World*.

BOOK NOTICES.

A STANDARD DICTIONARY of the English Language upon original plans, designed to give in complete and accurate statement, in the light of the most recent advances in knowledge and in the readiest form for popular use, the orthography, pronunciation, meaning, and etymology of all the words, and the meaning of idiomatic phrases in the speech and literature of the English-speaking peoples. Prepared by more than two hundred specialists and other scholars under the supervision of Isaac K. Funk, D. D., Editor-in-Chief; Francis A. March, LL. D., C. H. D., Consulting Editor; Daniel S. Gregory, D. D., Managing Editor. Associate Editors: John Denison Champlin, M. A.; Rossiter Johnson, Ph. D., LL. D., and Arthur E. Bostwick, Ph. D. Vol. II, M to Z. New York: Funk & Wagnalls Company, London and Toronto, 1895. Printed in the United States. Sold only by subscription. Prices, single-volume edition: half Russia, \$12.00; full Russia, with Denison's Patent Reference Index, \$14.00; full Morocco, with Denison's Patent Reference Index, \$18.00. Two-volume edition: half Russia, \$15.00; full Russia, with

Denison's Patent Reference Index, \$22.00; full Morocco, with Denison's Patent Reference Index, \$22.00. Funk & Wagnalls, 30 Lafayette Place, New York; 44 Fleet Street, London; 11 Richmond Street, W., Toronto.

In *THE HOMŒOPATHIC PHYSICIAN* for April, 1894, at page 123, was given an elaborate review of the first volume of this great dictionary. In nearly all the subsequent issues of this journal, shorter articles, giving glimpses of the special features of the Standard Dictionary, have been published, so that the admirable qualities of this magnificent sample of fine bookmaking have been kept pretty constantly before the eyes of our readers.

Not a tenth part of these qualities has been told, however, and now comes the second volume to complete this fine monument of the printer's art.

The two volumes together comprise 2,338 pages, 5,000 illustrations made expressly for the work, some of them magnificent colored plates.

As stated in the first review, there are over three hundred thousand words, the exact number, as given by the publishers, being 301,865. There were 247 editors and specialists and 500 readers for quotations. All these people were selected from the front rank of English and American scholars. Each is representative of all that is latest and most approved in his own field of exploration and research; each is an expert in his own school of science, literature, art, handicraft, or trade.

The names of all this distinguished army of literary giants and their portraits are given, which must silence some skeptics in certain quarters, who suggest doubts about the probability of any publisher engaging such an army.

Turning now to the pages of the dictionary, we have our attention attracted by the peculiar way in which

1. Derivatives, compounds, and phrases are frequently run in under the root or principal words; as, educational will be found under education, coffee-bean under coffee, dark horse (an unexpected competitor) under horse, electric gun under electric, etc.

It may be difficult at times to determine which is the principal or more important term in a phrase or a compound word. If the term is not to be found under what seems to be the principal element, turn to the next important element of the compound word or term in the phrase.

2. Frequently it will be seen that variant, obsolescent, and obsolete words are run in under the more generally accepted forms.

3. Many classes of words (mainly technical) formed with the prefixes, or combining forms, *acantho-*, *amphi-*, *electro-*, etc., and not often looked for in a general dictionary, will be found in vocabulary type, with definitions, under the prefix or combining form; as, *acanthocephala* will be found under its combining form *acantho-*, etc.

4. Prefixes, as *anti-*, *bi-*, *in-*, *intra-*, *mis-*, *un-*, etc., are defined in their vocabulary places, and words formed with them, the meaning of which being obvious from the component parts, are grouped in table forms under their respective prefixes, without definition; as, *bicolor* is in the table under the

prefix bi-, twice, doubly, two, + color; hence, two-color. Sometimes such words are grouped under a definitive statement, as under prefix mis-.

5. For convenience, in a number of trades, classified tables of trade terms used are given; as, under carpentry, a table of terms peculiar to carpentry; plumbing, terms peculiar to plumbing, etc. These tables might be called, appropriately, *finding-lists*; as, for example, one may not remember the name cramp, but he knows that it is an implement used in carpentry; by turning to the table under carpentry he will most likely recognize it in the list, and then by turning to it in the vocabulary obtain its definition. For partial list of groups and tables, see page 2108.

6. For explanation of abbreviations used in the text see pages 18, 19, and 2309-2315.

7. For explanation of key to pronunciation see page 20; also, see "The Principles and Explanation of the Scientific Alphabet," pages 2104-2107.

Take for example the prefix Homœo, in which we of the new school of medicine are peculiarly interested. We find this word standing by itself without any attendant syllable.

The first thing we notice is the statement that it is derived from the Greek *homoios*. Then comes the definition: "like, similar, a combining form." Then comes a list of words in which it forms the prefix, together with the meanings of these words. On looking them over we count thirty-two all grouped under this one prefix, all with definitions clearly given and printed in heavy black type so as to quickly catch the eye.

Take another example, Homo, meaning the same. Here we find grouped a total of seventy-four words under this prefix!

Let us turn now to Hydro. This word forms the prefix for one hundred and ninety-three words grouped under it. This is exclusive of a host of principal words arranged in their proper alphabetical place in the ordinary way; such words as hydrocarbon, hydrodynamic, hydrogen, hydrography, etc.

There are scores of thousands of new words admitted to this dictionary. Among these may be noticed *cockalorum*, *Delsartian*, delicatessen, electrocute, heliochromoscope, kodak (as a verb), linotype, and many others.

Then when we consider the question of the spelling of words, and the reliability of this dictionary in that regard, we find that all disputed spellings and pronunciations have been referred under the direction of Professor March to an Advisory Committee of fifty philologists in American, English, Canadian, Australian, and East Indian universities and representative professional writers and speakers of English. These differences of opinion concerning spelling are all recorded in a special section of the appendix, so that the reader can readily find out what is any man's opinion about a word.

The builders of this dictionary have shown a disposition to throw out the diphthongs. Thus they prefer to write Homeopathy, discarding the œ. The diphthong form is, however, given.

The spelling of geographical names is governed by the decisions of the United States Board of Geographical Names.

It is observed also that the final e of chemical words like bromine and

quinine is omitted and our old friend sulphur is spelled, German fashion, Sulfur.

In giving the pronunciation of words, instead of the usual arbitrary way of expressing the character of the sounds, as seen in dictionaries in general, the builders of the Standard use the Scientific Alphabet prepared by the American Philological Association, in representing how words should be pronounced. This secures uniformity and removes the possibility of misunderstanding the actual sound intended to be demonstrated.

In giving definitions, the words of any particular department of knowledge are submitted to representatives of the science or art to which the word belongs, so as to insure accurate definitions. To quote the statement of the editors themselves: "The people to whom a term more especially belongs should have the right to say what they mean when they use that term." If, however, the term is used by others in a hostile sense, that meaning also is given. In this way the editors seek to get at the truth of every word.

Many more points of merit than are here given may be mentioned, but enough has been said to show the remarkable value of the book. This review taken in connection with that given of the first volume in April of last year and the numerous shorter notices that were published from month to month ought to carry such conviction to the minds of our readers, as would make them feel they could not go another day without a copy of this grand work.

As was said of it by the great astronomer, J. Norman Lockyer: "It passes the wit of man to suggest anything which ought to have been done that has not been done to make the dictionary a success."

SUGGESTIVE THERAPEUTICS IN PSYCHOPATHIA SEXUALIS.

With especial reference to contrary sexual instinct. By Dr. A. von Schrenck-Notzing, Munich, Germany. Authorized translation from the German by Charles Gilbert Chaddock, M. D., Professor of Diseases of the Nervous System, Marion-Sims College of Medicine, St. Louis; member of the American Medico-Psychological Association; Attending Neurologist to the Rebekah Hospital, St. Louis, Mo., etc., etc. One volume, royal octavo, 325 pages. Extra Cloth, \$2.50 net; Sheep, \$3.50 net. Sold only by subscription to the medical profession exclusively. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

Less than two years ago was published a book entitled *Psychopathia Sexualis*, by Dr. R. von Krafft-Ebing. This book was reviewed at length in THE HOMŒOPATHIC PHYSICIAN for September, 1893, at page 478.

The present volume under review is a sort of sequel or we may say a companion to the other. It deals with the same subjects as the book of Krafft-Ebing and aims at effecting a cure.

The author points out the necessity of individualization at page 42. He advises careful hygienic surroundings, cold baths, electricity, and drugs.

But his main reliance in treatment is upon psychical treatment. He seeks to induce self-knowledge and self-control, and these are supplemented by his main reliance and we might say, "trump card"—"hypnotic suggestion."

All the means of treatment used he classifies as medical, mechanical, electrical, religious, and mystical.

His principal method as before stated is hypnotic suggestion.

This consists mainly in putting the patient under the influence of hypnosis, in which state suggestions in the direction of healthy, natural, normal exercise of the functions of procreation are infused into the patient's mind, and then the hypnotic condition is removed. Under such circumstances the patient improves, the objectionable ideas fade away and after a number of repetitions of the treatment the patient is cured.

Many instances are related and much valuable information analyzing the conditions of the various sexual anomalies is given.

Having no especial experience with hypnotic suggestion, the editor of this journal is not competent to give an opinion upon this method of dealing with these horrible practices.

This book, as well as its original, *Psychopathia Sexualis*, before referred to, is of great value, because of the new light it throws on these subjects.

The author claims to cure by this method sixty-five per cent. of the onanists whom he has treated.

It is to be understood that in treating these people, account is taken also of all psychological principles that will in any way contribute a salutary influence toward cure.

Thus the author says, at page 96, "Psychotherapeutics takes account of the patient's judgment, the co-ordinating cerebral activity, and sets in motion his will, his attention, and his judgment. Suggestions, on the contrary, have the special tendency to cause the idea imparted to be transformed into an act." Thus it will appear that in order to treat such cases intelligently, the physician must have a wide acquaintance with the phenomena of the mind. This knowledge the author of the book under notice undoubtedly possesses and it is abundantly set forth in its pages.

SIR FRANCIS BACON'S CIPHER STORY. Discovered and deciphered by Orville W. Owen, M. D. Book IV. Detroit and New York: Howard Publishing Co., 1894. Paper cover. Price, 50 cents.

The readers of this journal have, from time to time, been informed of the progress of this astounding literary work by reviews of the different books as they have been issued from the press. For the convenience of those who wish to refresh their memories, we note that the review of the first volume was published in the number for June, 1894, at page 186, with editorial comment

at page 163. The review of the second and third volumes can be found in the number for September, 1894, at page 290.

The present volume is more astonishing still. It contains the tragic history of the execution of the beautiful Mary, Queen of Scots, related in the form of a play! A play concealed by means of a cipher within a play! Could ingenuity go farther?

This play of "Queen Mary" seems to have been extracted from "Hamlet," as a number of familiar passages from that master-piece of literature occur at different places.

Bacon relates that when he first wrote "Hamlet," his mother, Queen Elizabeth, discovered it, "and then," he says, "I was lost." He was betrayed to the Queen by his father, the Earl of Leicester, who sneaked into a room adjoining one where Bacon was rehearsing the actors for his tragedy, and overheard all that passed. Leicester then reported to the Queen, who summoned Bacon before her, and roundly scolded him for exposing to the world the crimes of monarchs. Bacon protested and explained, and the Queen pretended to be convinced and reconciled. Having thrown the young author off his guard, she expressed an interest in his work, and desired to peruse it. Imprudently, the son brought the manuscript to her, and so intense was her desire to destroy it that she could hardly wait until he returned with it. The instant he entered the room, bearing the precious manuscript, she sprang at him like a tigress, wrenched the document from his hands and in an instant had torn it to pieces, without any pretense at examination, and cast it into the fire. This compelled him to rewrite it, which he did, weaving into it the cipher with which all his works abound.

According to the play the Queen was not the author of the death of Mary, though she seemed ardently to desire it. The execution was brought about by a conspiracy between Lord Burleigh, the Chancellor of England, and the Earl of Leicester, unacknowledged husband of Queen Elizabeth, and father of Sir Francis Bacon. This precious pair prepared a warrant of execution and then overawed the Queen's private secretary into forging Elizabeth's signature to the document and affixing to it the great seal of England. With this weapon in their hands, the public executioner was summoned, and so the great tragedy was accomplished.

All this the reader would best peruse for himself as the situations are exceedingly interesting and startling.

The Howard Publishing Company have now finished volume V, also a play, depicting the tragedy of the Earl of Essex. This last has not been worked out by Dr. Owen, but by his clerks to whom he taught the cipher, and who, by this means were enabled to continue the work of the great decipherer himself. A review of this new volume will appear in these pages in a later issue.

THE THERAPEUTICAL APPLICATIONS OF PEROXIDE OF HYDROGEN, GLYCOZONE, AND HYDROZONE. By Charles Marchand, Chemist. Graduate of the "École Centrale des

Arts et Manufactures de Paris" (France). Ninth Edition.
New York : 28 Prince Street, 1895.

This book has been reviewed in these pages before. It contains a full account of Peroxide of Hydrogen, and should be in the hands of every physician. It contains 200 pages and is illustrated by wood cuts. It will be sent free of charge to any physician who writes for it giving his full address and mentioning this journal.

NOTES AND NOTICES.

DR. CHARLES GATCHELL has again resumed the editorial pen of *The North American Journal of Homœopathy*. Dr. Gatchell's return will be warmly welcomed by the profession and his brother journalists.

THE UNIVERSITY OF MICHIGAN is now reorganizing the homœopathic department. We would respectfully suggest to the regents that they select for Dean Prof. L. D. Rogers, A. M., M. D., of Chicago. He is a good homœopathist, a well educated physician, and an author. He is editor of *The People's Health Journal* of Chicago, and Professor in one of the homœopathic colleges in that city.

THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION will hold its next annual meeting Wednesday, June 26th, 1895, at Watch Hill, Rhode Island. For all information apply to Howard Crutcher, M. D., 1102 Colonial Memorial Building, Chicago, Illinois.

THE NATIONAL MEDICAL COLLEGE.—The fifth regular course of lectures of the National Medical College will open April 2d, and continue six months. The full work of the College will be given, and also some additional advantages will be offered students during this summer semester.

This course will be divided into a spring term (April to June) and a summer term (July to September inclusive). Students can enter at the opening of either term, but must attend six full months to count time on a regular course. Teachers desiring to become physicians can here spend their vacations most profitably.

Special preparatory instruction will be given during this course in the Physical and Natural Sciences and in Latin to those students who may need it.

For annual announcement and catalogue giving full information, address

PROF. A. G. THOME, A. M., M. D., Registrar,
239 Lincoln Avenue, Chicago, Ill.

A MAP OF THE WORLD has been issued by the Rio Chemical Co., 401 North Main Street, St. Louis, Mo. It is arranged on Mercator's projection and is corrected to the present time. Its size is 27 inches length by 27 inches wide and is arranged to be hung up in the office. A copy will be sent free to every physician in America and Europe. It is a fine piece of work and well worthy of a place in the office.

THE HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

Vol. XV.

JUNE, 1895.

No. 6.

EDITORIAL.

AN APOLOGY.—The editor regrets that owing to the crowded condition of his pages he has been obliged to postpone his notes on materia medica until next number. He also regrets the delay in the appearance of the journal last month and this month, which is owing to several very serious cases of sickness that have required his unremitting attention, and have thus prevented him from giving to the journal the amount of time it so justly merits. It is hoped that this delay may be remedied in a short time.

VERIFICATION OF CUNDURANGO.

DR. U. GOULLON, WEIMAR.

An old farmer suffers from an ulcer on his lip. The lower lip is deeply eroded, with irregular edges surrounding a deep ulcer, its base filled with foul, purulent matter. It began with small blisters, which discharged and covered themselves with crusts. These fell off, but it always reappeared, till now it forms a malignant ulcer. Cundurango, 2d dec., thrice daily, two drops. After two weeks the ulcer was gone, only a thin crust yet covered its former place, which without further treatment soon left a healthy skin.—*Populäre Zeitsch, f. H.* 12, 91.

THE RELATIVE VALUE OF SYMPTOMS.

SAMUEL A. KIMBALL, M. D., BOSTON, MASS.

[Read before the Benninghausen Club, May 9th, 1895.]

MEMBERS OF THE BENNINGHAUSEN CLUB:—When we have before us on the one hand the symptoms of a carefully-examined patient and on the other the provings of our *materia medica*, what method of procedure shall be followed in order to find the remedy most suitable to the case? What value is to be placed upon the various symptoms? Which are to be considered of more significance than others and why should some be most essential in the selection of the remedy and others only of secondary importance? Every case presents such questions for consideration and their solution is often difficult.

Section 18 of the *The Organon* reads as follows:

“From this indubitable truth, that besides the totality of the symptoms nothing can by any means be discovered in diseases wherewith they could express their need of aid, it follows undeniably that the sum of all the symptoms in each individual case of disease must be the sole indication, the sole guide to direct us in the choice of a remedy.”

Also section 153: “In this search for a homœopathic specific remedy, that is to say, in this comparison of the collective symptoms of the natural disease with the lists of symptoms of known medicines, in order to find among these an artificial morbid agent corresponding by similarity to the disease to be cured, the *more striking, singular, uncommon, and peculiar* (characteristic) signs and symptoms of the case of disease are chiefly and almost solely to be kept in view; for it is *more particularly these, that very similar ones in the list of symptoms of the selected medicine must correspond to*, in order to constitute it the most suitable for effecting the cure. The more general and undefined symptoms: loss of appetite, headache, debility, restless sleep, discomfort, and so forth, demand but little attention when of that vague and indefinite character, if they cannot be more accu-

rately described, as symptoms of such a general nature are observed in almost every disease and from almost every drug."

There is, apparently, a contradiction between the statement in section 18 that "the sum of all the symptoms must be the sole indication, the sole guide in the choice of the remedy," and that in section 153, that "the more striking, singular, uncommon, and peculiar (characteristic) signs and symptoms are chiefly and almost solely to be kept in view," but upon closer study this is apparent only and not real.

In stating that the totality of the symptoms must be the sole indication to direct us in the choice of the remedy Hahnemann undoubtedly intended to emphasize the idea that we are not to give weight to hypotheses in diagnosis or to indulge in any theoretical speculations in regard to the case, but to confine ourselves solely to the subjective and objective facts presented to us by the patient.

In this way the totality of the symptoms is to be the only *source* of our indications for the selection of the remedy.

But as the symptoms vary in value from the general conditions present in almost every case of illness to the particular symptoms of the case to be considered, it was necessary to point out what symptoms are of most importance in this selection, and this is shown in the statement, that the most striking, singular, uncommon, and peculiar symptoms are chiefly and almost solely to be kept in view, or, in other words, the symptoms that are peculiar to and individualize this case from other cases of the same disease or other diseases, not the diagnostic symptoms, but those peculiar to the patient and not to the disease.

It must not be expected from this that in every case we will find some striking, singular, uncommon, or peculiar symptom to guide us to the curative remedy. Such symptoms are exceptional rather than the rule; we do not find them often, but we do find symptoms not particularly striking, uncommon, or peculiar and yet, not being necessary to the diagnosis, they are individual to, or characteristic of the case in question.

These symptoms of themselves may be of no special value,

but become valuable or characteristic by their conditions of aggravation or amelioration, their concomitants or locality.

Neither is a given symptom always a characteristic; it may be markedly so in one patient and in another a general symptom only. An aggravation or amelioration may alone be the characteristic symptom of a case, as aggravation from drinking milk, or amelioration from being carried slowly.

Giving undue value to a characteristic has led to prescribing upon single symptoms only, an idea taken from the "key-note" system of Dr. Guernsey, which has been much abused and misunderstood. In his preface to the first edition of his *Obstetrics*, Guernsey states that by his key-note system he means to take some strong characteristic symptom, which will often be found to be the governing symptom of the case and on referring to the *materia medica*, the other symptoms will be found there also under the same remedy. Hering objected to this on the ground that all of our most approved characteristics are always found under more than one drug, and Lippe feared that regarding single characteristics of so much importance would lead to the habit of prescribing upon one prominent symptom alone.

The characteristics are important, and the tendency to depend upon them alone may insensibly be acquired; they should be considered only, however, as *indices* to the remedies that are to be studied in the *materia medica*, and used in this manner they are of the greatest value.

Symptoms upon which we base our diagnosis are of least importance in the selection of the remedy, since they are common to all such diseases. But in the absence of other symptoms, and this often happens, they may be all we have to guide us, and then, with their aggravations, ameliorations, and concomitants, they become the leading symptoms of the case.

Cases of dysentery are accompanied by tenesmus before, during, or after stool—that is one of the important diagnostic points, and, with the bloody mucous stool, fever, and other general symptoms may be all that is presented to us.

Now simple tenesmus is common to so many remedies that

in itself, it is of no value in selecting the remedy, but if attended with conditions of aggravation or amelioration or with concomitants, it may become the leading indication, for instance, in *Nux-vomica* the tenesmus and the pains in the back cease with the stool; in *Mercurius* and *Capsicum* they continue after it.

In section 153 quoted above, Hahnemann says: "The more general and undefined symptoms: loss of appetite, headache, debility, restless sleep, discomfort, and so forth demand but little attention when of that vague and indefinite character, if they cannot be more accurately described."

But if they can be more accurately described by conditions or concomitants, they may be the only symptoms in the case by which to prescribe.

Generally speaking, functional symptoms of an affected organ are of much less value than symptoms which occur in other parts during the exercise of the function of that organ.

Burning pain in the urethra during or after micturition is of little value in gonorrhœa, for it is usually present, but pain in the testicles, thighs, or abdomen during or after micturition, or symptoms of some other part not immediately concerned in that function would be more important.

So also pain in the stomach after eating, in an attack of indigestion, is not of as much value as vertigo or headache after eating would be in the same attack.

Therefore symptoms that affect the general organism are of more value than those that are functionally related to the organ affected.

Symptoms also that affect the patient's general condition, such as the effects of heat, cold, drafts, etc., are of more importance than transient symptoms, even if they should be odd or peculiar.

The symptoms in a cured case disappear in the inverse order of their appearance, the symptoms recently developed disappearing first, the oldest ones last. The more recent symptoms are valuable as being the latest expression of the diseased condition and must be covered by the remedy. This is so when a second or a new remedy is to be given, the last symptoms that appear

must be the guide to it. So also after the favorable action of a remedy which seems to have accomplished all it can, and there are still symptoms remaining that call for treatment, then, as the symptoms come and go, if a new symptom appears it will be of great value, and will probably decide the choice of the next remedy.

If, after a remedy has been given, new symptoms appear, which are not in the history of the patient, they will very often be found in the pathogenesis of the last given drug, and, if the patient generally improves, the new symptoms usually pass away and are unimportant; but if they persist and there is no general improvement, it was a wrong selection, and they are of first importance in the choice of a new remedy.

In giving such a high position to the latest developed symptoms, the older symptoms must not be neglected, especially those that were the first indications of a departure from health. These are of the greatest value, particularly those occurring before there was any treatment or any metastasis from palliative or maltreatment.

Such symptoms are the first expressions, possibly, of an internal chronic miasm, and must be covered by the remedy as nearly as can be done. The difficulty in obtaining such expressions may often account for our failure to make a satisfactory selection.

The reappearance of old symptoms indicates a curative action of the remedy if they appear in the inverse order of their development, and are valuable indications that the vital force is overcoming the diseased condition. They must be carefully let alone unless they are so severe as to retard the general improvement.

If there is an aggravation of existing symptoms after the administration of a remedy, which is of short duration, and there is an improvement generally, it is a curative effect, and the aggravation must be respected, and not interrupted; but if the aggravation continues and the general state of the patient is worse, then the aggravated symptoms are important, and the condition must be corrected by antidoting the last-given remedy. Possibly this may be done by a different potency of the same

remedy, or in case no antidote is known it may be necessary to make a new prescription, giving the highest value to the aggravated symptoms.

Symptoms are valuable that show a disease is getting better from within outward, from above downward, from the more essential to the less essential parts. Such symptoms indicate an improved condition, and must not be interfered with ; as the disappearance of internal symptoms and the appearance of an eruption upon the skin, together with a general improvement in the patient.

When, on the contrary, symptoms show that the diseased condition is advancing from without inward, from below upward, from the less essential to the more essential parts, these are danger-signals that must be respected ; as the disappearance of eruptions followed by serious brain symptoms, or the metastasis of rheumatic symptoms from the extremities to the region of the heart, then these new symptoms are of the utmost importance, and show the necessity for a new prescription.

In regard to aggravations and ameliorations, those which stand out in marked contrast to the general condition of the patient are the ones to be chiefly considered. If a pain is aggravated only when lying on the back, and the patient is comfortable in every other position, either lying on the side, sitting, standing, or walking, the aggravation from lying on the back is the important symptom and the one to receive most attention.

Or, if a pain is ameliorated only when lying on the back, and there is much discomfort in every other position, these aggravations are not to be considered, but the condition in which the patient is better, the amelioration from lying on the back as distinguished from the generally aggravated condition of the patient is the symptom that is most valuable.

It is necessary for us to be thoroughly acquainted with our pathology and diagnosis in order that we may not be misled into giving more importance to certain symptoms than is justifiable, or into overlooking others from a lack of knowledge to distinguish what pertains to such diseases in general and what is individual to the particular case under consideration.

When we come to the consideration of acute and chronic cases, the symptoms resolve themselves into two classes, subjective and objective, both important, both often seen in the same case, yet either may be the sole method of expressing the diseased condition.

Of the two the objective symptoms, when not diagnostic of a pathological condition are probably the more important. The subjective symptom is the description by the patient of his feelings as they appear to him, but sick people differ much in their ability to express themselves, and it is an easy matter to be misled by the wrong interpretation of a sensation. It is perplexing for some people to tell how they feel at the present time, and almost impossible for them to describe the sensations of two or three days ago, but with others it is difficult to stop the flow of symptoms when once started, and equally so to differentiate the essential from the non-essential.

With the objective symptom it is different. Here is a positive, almost involuntary expression on the part of the patient. If we are called to a case and the patient suddenly doubles up with pain and pressing hard against the abdomen with his hands or any other object, moans and groans for a few moments, then sinks back with relief, and in a short time repeats the performance, we would not care much whether his intestines felt as if they were being squeezed between stones or telegraph poles, the object lesson of his movements and positions would probably be all-sufficient.

With those who have no other method of expressing their uncomfortable sensations the objective symptoms are, of course, most important. In young children they are all we have, and much can be learned from them, such as, the general appearance of the child, the expression of the face, wrinkles on the forehead, dilatation of the *alæ nasi*, regurgitation of food, or vomiting, time and character of the stools, appearance of the urine, and so on.

Important as symptoms are when the child is awake, those occurring during sleep are even more so. The system being entirely relaxed, the sick child then shows most important indications for the remedy: the position of the body, movement of

the limbs, twitching of various muscles, moaning, whining or crying out. Then on waking, is the child good-natured or irritable, or does it wake with fear and terror?

Objective symptoms also are our only reliance in the treatment of animals. In acute cases the subjective symptoms are ordinarily so pronounced that there is not much danger of deception, and the objective symptoms, when present, are equally prominent. In mental conditions the more serious they are the more important are the objective symptoms. This is especially so in cases of mania or unconsciousness.

In one case of mania there was absolute refusal to talk or to answer questions; food was refused; there was sleeplessness, retention of urine, and a profuse warm sweat all over; there was a suspiciousness or fear, with pulling of the bed-clothes up to his face and peering over them; there were some attempts to strike, and a general feeling of hostility toward everything and everybody. A solution of Belladonna²⁰⁰ was made at 10 P. M., and a handkerchief, moistened with it, was held over his nose for several inhalations. In twenty minutes after the inhalation he slept for half an hour, and on waking took a little milk. Soon he slept again—for two hours, and took more nourishment; then slept the remainder of the night, and in the morning was quiet and rational.

We see the importance of objective symptoms, also, in cases like the following: A lady seventy years of age had an attack of acute bronchitis, with considerable rattling of mucus and pain in the chest on coughing. Bryonia did not relieve, and then a drowsiness came on, with a loose, rattling cough, little expectoration, more or less nausea, and a temperature of 103. Antimonium-tart. caused no change, and the next day she was decidedly worse. There was loud breathing, with puffing of the cheeks on expiration, mouth open, with snoring at times, involuntary urine, a red, dry tongue, moaning and muttering in sleep, the head much confused, and with difficulty could she be roused to answer questions. Three doses of Opium^{45m} (Fincke) were given in water an hour apart, and the next day she was rational, the temperature normal, and she quickly recovered.

Much information is obtained by the careful observation of a patient, and this can be cultivated by practice to an extent not thought of by a beginner. The most valuable symptoms are seen when the patient is sleeping or when unconscious of observation, then the system is relaxed and the symptoms shown are the natural expressions of the patient's feelings.

The subjective symptoms often depend largely upon their aggravations and ameliorations for their value, or the aggravation or amelioration itself may be the important fact. The objective symptoms are not usually so dependent upon their conditions.

In a diphtheria the side upon which it begins may decide the remedy; sometimes the appearance of the membrane, but rarely without confirmatory symptoms. The aggravation or amelioration from swallowing hot or cold drinks, however, may be decisive.

In diseases of the chest, coughs, pneumonias, etc., we find the subjective and objective symptoms of about equal importance, but in these conditions, as in all others, the value of the symptom depends less upon its diagnostic importance than anything else. Is the cough aggravated in the open air or in the warm room? Does it seem to come from the stomach, and are there sharp pains through the chest to the back? Is the patient aggravated or ameliorated when lying on the affected side in a pneumonia, or is the plueritic pain better sitting up or lying down? Any one of these symptoms may decide the choice of the curative remedy.

In diseases of the digestive organs, such as indigestions, diarrhoeas, dysenteries, we have the same combination of subjective and objective symptoms, varying in importance in different cases, and we must always endeavor to obtain a description of the most trivial sensation, and pay attention to the slightest action of the patient.

The diagnosis is not to be thought of in the selection of the remedy, except that when two symptoms are compared the one having less to do with the diagnosis is usually the more important, although the aggravation or amelioration of a diag-

nostic symptom may constitute it the most valuable one in the case.

In attaching small importance to diagnostic symptoms in the choice of the remedy we must not forget to give them their rightful position in the general management of the patient.

It is extremely important that a correct diagnosis be made, or at least that we know the general tendency of the disease, the organs affected, and what will be the probable outcome.

We must know by examination of the chest whether or not it is safe for a patient recovering from pneumonia to go out; by examination of the urine the condition of our patient with diabetes or diseases of the kidneys, and be qualified to make necessary investigations in other diseased conditions. The character of the disease also determines to a large extent the question of diet, which is most important.

In the treatment of chronic diseases it seems as if less distinction were made between the diagnostic symptoms and those peculiar to the individual, possibly because they do not stand out so sharply as in acute diseases, and we are apt to take the symptoms down without giving as much attention to the diagnosis.

The same rules hold, however, here as in acute diseases in regard to the value of diagnostic and non-diagnostic conditions.

When we have a carefully examined chronic case with all its numerous symptoms, what value is to be given them, how and where are we to begin in our search for the remedy? The latest developments are of course important, and the earlier ones no less so. We often find in tracing back the psoric manifestations, that they began as sick headaches, indigestion, diarrhœa, or some other acute attack, and the careful description of these early symptoms, what made them better or worse, their concomitants and locality, are most important.

All the conditions of childhood must be considered: a moist or dry eruption on the head when a baby, was he fat or thin, were there swollen glands, was he poisoned with vaccine virus?

A lateness in the first menstruation is important, or any disturbance at that time, all conditions of menstruation, if abnormal, are valuable. In this manner we must investigate the exami-

nation of the patient, which should extend from his earliest recollection to the present time, and consider carefully what is presented. Nor must we slight the examination of his present condition. We may find valuable indications in the mental sphere; a suicidal tendency, fears of various things, worse when alone or in company, aggravations in the dark, desire for or aversion to light.

There may be craving for certain articles of food, or aversion to them, or an aggravation from some particular thing, as milk or acids.

Faintness at the stomach at certain hours of the day or night. Conditions of aggravation or amelioration of hæmorrhoids, cracking of the joints, sweat of the hands or feet, the various positions in sleep, the effect of heat or cold, aggravation from the heat of the sun, or from drafts, aggravation from jarring, or from riding in a wagon, craving for open air. There may be a history of warts, cracks, chilblains, corns, gouty nodes, moles.

Any one of these or similar symptoms may be the starting point in the search for the remedy; possibly a peculiar or uncommon symptom, or one made important by its aggravations, ameliorations, concomitants, or locality.

An aggravation or amelioration alone may be the most valuable symptom in the case. Diagnostic symptoms must not be overlooked, especially when attended with concomitants or conditions; neither must functional symptoms of the organ affected be neglected, although these, with diagnostic symptoms, usually take a secondary place in the selection of the remedy, when other symptoms are present.

In the treatment of acute exacerbations of chronic diseases and in the acute miasmatic diseases, also, we often find that the patient in his present condition does not give valuable indications for a remedy; the symptoms are general and not particularly indicative, or else with fairly good indications there is no response to careful prescribing.

Then it is necessary to go back and prescribe for the constitutional symptoms that were present before the attack came on,

and possibly to return to the conditions of years before for a suitable remedy.

After the remedy has been given what value shall be placed upon the symptoms that then appear, how shall they be considered in relation to the last remedy prescribed or to those yet to be selected?

It has been well said that the difficulties of a case begin after making the first prescription. This is especially so in chronic cases, and it may not be amiss to briefly state again the conditions that may arise.

If there is amelioration of the symptoms or a return of old symptoms nothing is to be done. Old symptoms as they come and go are not to be interfered with unless they interrupt the improvement, and the general condition of the patient is worse and the cure retarded. Even then great caution must be used in repeating the same remedy or making a new selection.

Aggravation of existing symptoms and general improvement mean no interference, but with an aggravation that is continued, the general condition of the patient being worse, then the remedy must be antidoted or a new prescription made, the aggravated symptoms being the most important indications. If new symptoms appear, that have not been experienced before by the patient, with a general improvement, they usually pass away, but if they persist and there is lack of improvement they are of great value in a new selection.

Symptoms that show a general improvement from within outward, from above downward, from the more essential to the less essential parts, are to be respected and not interfered with by a new prescription; but symptoms that go in an opposite direction, showing that the diseased condition is progressing from without inward, from below upward, from the less essential to the more essential parts, these must be taken as guides to the selection of a new remedy.

In general, it may be said that the most valuable symptoms that appear after a prescription are the aggravations that persist without general improvement, the new symptoms that appear with the same conditions of persistence and lack of improve-

ment, and the symptoms that show a change for the worse in their metastases from place to place. In a curable case, these last must be promptly met, but in an incurable disease the extent of the suffering may determine the necessity for a new prescription, as in such cases the most that can be hoped for is as comfortable a release as possible.

When two or three of the chronic miasms are present—psora, syphilis, and sycosis—Hahnemann tells us to first prescribe for the psoric miasm, then for the sycotic, and lastly for the syphilitic.

This presupposes the ability on our part to differentiate between psoric, syphilitic, and sycotic symptoms, which would be a most valuable acquisition if true; but the subject demands a more extended treatment than is possible to give it here.

It may be said, however, that all men, and women also, are psoric. There may be a few exceptions where several generations have been under strictly homœopathic treatment; but in a general way, we are all more or less psoric, possibly more or less sycotic and syphilitic also. Who knows?

At all events, the sycotic and syphilitic symptoms are probably engrafted upon a psoric base, so that we would be safe in beginning with an antipsoric, unless there were stronger indications for another class of remedies. Many remedies may at the same time combine symptoms of two of the miasms, and a few may combine all three; different groups of remedies may be more psoric, sycotic, or syphilitic than others, and the preponderance of one or more of the miasms may turn our attention to that particular group for further study.

If we fail in our selection we must not assign it to the poverty of the materia medica, or to the lack of the proving of a particular drug. Allen's *Encyclopedia* and the *Guiding Symptoms* are perfect mines of remedies and symptoms of which we know too little. There is too much materia medica rather than not enough.

In conclusion, let me say that it is exceedingly difficult to carry into actual practice the various rules and precepts that govern our most noble art of healing. When confronted with

actual cases it is not the beginner alone who blunders ; the most experienced will do so without apparent cause. But if we have an ideal in our art that we endeavor to attain, then our blunders and mistakes may not be useless, provided they serve as stepping-stones to a higher appreciation of Hahnemann's teachings and an increased ability to follow them.

THE TRUTH SHALL MAKE US FREE.

[SECOND ARTICLE.]

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What is truth ? says the prejudiced mind, but will not stay for an answer. He would rather drift along in his empiricism than to investigate the workings of some immutable law, and be a slave (as he thinks) to some fixed principle of the universe ; or, in other words, he will not let God work through him. The world is and ever has been fighting for the truth, and as far as our mental grasp goes, it is an honest war ; but the greater majority of our medical friends seem to believe in the philosophy of the Greeks,* and have come to the conclusion, as far as therapeutics is concerned, that we have no criterion by which to form a judgment.

The fact is, if we could but eliminate our vain opinions and vain imaginations, and, as one great writer puts it, "clothed in our right mind and wearing the garb of truth," we are then in a condition to sail into the undiscovered ocean of thought and dip farther into the future than mortal eyes have yet seen. Bacon says : "It is not the lie that passes through the mind, but the one that sinketh into it and setteth there, that hurts."

Truth, as I have said in a previous article, brings light ; but it does more than that—it brings good ; and it was Socrates who said : "Good is that which brings us the most lasting benefits." So in our application of Homœopathy ; it is something from which we get a more lasting benefit, and in its study we find that its developments are good and its laws enable us to

* New Academy.

overcome those unseen forces, those morbid influences, known as disease, by drawing upon the thousand and one of the therapeutic forces which Nature has so bountifully provided to overcome them, through the powers of similia. The practitioner of medicine who has not conceived this philosophical truth is like a man sailing upon an ice floe—subject to the shifting winds and changing currents; if he puts his vain imaginations first, and, not like a Newton or a Hahnemann, who, in their earnest search after truth, lost sight of themselves, and, dwelling in the spirit of truth, were governed by supreme law. This is the position every follower of Hahnemann must assume in order to understand the truth and have a clear conception of the law of similia.

We must take ourselves out of the paths of divine circuit or let in the analytical light of the law of Homœopathy, that we may know what is the wisdom of God by a knowledge of His laws. He always works through them, so we may know where to find Him. Now, knowing this truth we become an Archimedes, drawing from the central forces of power by our humble obedience to its demands; but being without law we are simply powerless, a mere nothing, a vessel beached upon the sands, void of power. In fact, our ability in any sphere in life is in proportion as we comply with, or, in other words, as we draw upon, law. To be governed by principle is to be governed by truth; to be governed by truth is to be governed by law; and to be governed by law is to be governed by Omnipotence. "A higher law than man's reason regulates events," and it is only in our easy, simple, and spontaneous actions that we are strong. To have a law that we believe in lifts from us a great load, and in place of leaning upon ourselves we lean upon law, and obedience to it leads up to higher and better things. We at once become students of nature, studying the phenomena of natural laws, and scientists in the laboratories of the force world, comparing the laws of biogenesis with the laws of similia, so that every new development makes us stronger in our faith. Law is spiritually conceived, and it is not every one who runs can read. It speaks to us in a voice so very low, yet loud enough to be heard by the humble listener, and in the language that is

foreign to the ear of the unbeliever, and in a cipher that can only be found in similia, simplex, minimum.

The application of law to disease or to the disturbed life forces calls into effect the forces governed by that law ; so you see we may use any force that comes under the government of that system. And when we speak of system we are brought into the presence of a colossus, and we gaze in mental awe at the greatness of its magnitude. At once we see that it is infinite, and being infinite it is eternal. Year by year, as earnest students of its phenomena, we incorporate under our jurisdiction more and more of its power, until in time we shall dismiss from our therapeutics all expedients and depend entirely on the power and richness of similia. It is a part of God's plan to let the human mind find out the truth for itself; and it is a pleasure, a privilege, and a duty for each one to investigate for himself.

Truth, we are told, is an exact correspondence of subjective and objective relations. In common life we call truth an agreement of the object and our conception of the object. Thus we presuppose an object to which our conception must conform. Philosophically speaking, truth is an agreement of the subject-matter of thought with itself. It is the highest quality of science, of art, of philosophy, and of law. It never deflects or bends, but is as immutable as law itself. The study of its phenomena lies to a great degree within our reach, and we must at all hazards push out our inquiries. "Search," is the command, and the reward is, we shall find. Though it is well to lean upon the promise, it is wisdom to obey the command.

We look upon men who make new discoveries in any department of science as being in some way inspired or endowed with some supernatural power; as, for instance, the astronomer is inspired by his work, or the poet by his muse; when the truth of the matter is, the true scientist recognizes that he is standing in the omnipresence of law, and it has taken full possession of him and is guiding and directing him, yea, leading him into those mysterious by-ways where thought itself scarce dare to enter, only to find the golden gates fly open at his approach and reveal their hidden treasures in the richness of their pro-

fusion: treasures that had been locked under the time-lock of ages, and, like Hahnemann, given to them as a rich legacy, and to be passed to their kindred yet unborn.

We must deal with life on principles of the clearest character; principles not human, therefore not limited. These principles are not approachable by ordinary thought. Truly we are in ignorance of what lies behind life. Behind that thin yet seemingly impenetrable veil is hidden all science, all art, all philosophy, all the forces, all the powers of which we as mortals are endowed; and we cannot open with a golden key these golden doors and peer ruthlessly within. It is only by a knowledge of the law governing these things that we are led up from hyperbole unto hyperbole; and as soon as we are in possession of one truth it opens the highway to another, and so on without end, as it was in the case of Hahnemann. The law of similia was born from a single truth, conceived in the actions of China or Cinchona and its similarity to malaria poison. Thus it ever must be, one truth can only be born of another truth. Then we began with truth which brought us light, that discovered for us law, which gave us true knowledge, that developed good, and that brought us a more lasting benefit. The value of any truth depends upon the amount of good we can get out of it. If it does not exalt men and make them better either physically, mentally, morally, socially, or intellectually drop it; do not bother with it; do not worry your brains over it, for it is of no consequence; but if it is a great truth, like Homœopathy, founded on law, a divine gift of which nothing can come but good; if this be true let us centre our minds upon it; let us focus our intellectual lenses upon it and pry deep into the mysteries and learn more of it. Giliad's balm can be found in Aconite, in Apis, in Aloes, in Arsenic and a thousand and one things; then let us not be mosaics of other men but let us be a new conception, a new thought, for other men to construct the ground-plan for grander and better things. When we say men are geniuses or scientists or philosophers we do not mean that they are giants of intellect or that their minds have increased to that volume by which they may overpower other men, but that they have pushed out into the

unknown, and the veil was rent and the gates that were closed against you and me opened to the gentle touch of the earnest searcher after truth. So you perceive that truth rends the veil between the known and the unknown. Oh! what a power we have in the application of law in subduing elements or in combining them! almost a creative power. Through law we have control over the material and harness the forces of nature, or bind them in statics or let them loose in energy. By diving down into the soul of things we are enabled to awaken a spirit of research in others, so that they become interested with us and the things that were a mystery to us before we had any knowledge of the law now become intelligible, and we become viewers of nature through the telescope of law, which gives us a genetic view of things, untrammelled by prejudice or any aberration of a mind that is not governed by a true principle.

Then let us push forward and onward into the very avenues of truth. Tantalus is shining and rippling before us; why not reach out and drink of it; why not sail on to the head-waters of truth, and not as the slow ebbing of a receding tide, drop unconsciously back into oblivion?

[TO BE CONTINUED.]

VACCINATION.

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The question as to the prophylactic value of vaccination, as usually practiced, against small-pox, is one upon which there is difference of opinion in all schools of medicine.

While a student I was taught that it was unquestionably the proper thing to do, and that if not really prophylactic, it at least modified the disease so as to render it almost without danger to life.

With this idea I entered practice at Pottstown, Pa., in the summer of 1871. But the tranquillity of my mind on this point was destined soon to be disturbed. In the winter of 1871-2 a severe and very fatal epidemic of small-pox visited Philadelphia, and I soon discovered that my brothers of the old school

were busy vaccinating their patients by the old arm-to-arm method, so I decided to improve on that, and announced that I would vaccinate with cow-pox virus and avoid the danger of transmitting disease from one person to another. My proposition seemed to take with the people, and I was patronized much beyond the limit of my, then, very meagre practice, for quite a number had suffered from the bad effects of vaccination in years gone by, and so, while feeling the urgent need of protection, and knowing no other means, they were glad to accept my proposition; and after my first week's work in that line, I felt that I had achieved a good thing and afforded protection to every one who had thus given me his confidence. But in a few days I was called to see the servant in a wealthy and influential family whom I had vaccinated. She was a robust colored woman about thirty-five years of age, who had never been sick in her life before. I found her suffering intensely from septic poisoning. The arm was enormously swollen, with no sign of a vaccine vesicle, and very painful. She had a raging fever, with delirium, and I thought she would surely have to lose her arm, if not her life. I felt that my reputation was tottering. But fortunately she recovered under strict homœopathic treatment.

This case set me to thinking that vaccination was a dangerous expedient—no better than small-pox itself. I watched the medical journals and newspapers to see what I could learn, and I soon found that, in Philadelphia, many families had been entirely swept away by the dread disease, where the attending physicians testified that they had been properly vaccinated and it had taken well, within three months. This was knocking the props from under the safeguard. Vaccination evidently did not prevent persons from being attacked by small-pox in its most malignant form.

Since that time I have been opposed to vaccination in the original way, although I have frequently done it under protest.

I believe that the introduction of foreign diseased matter immediately into the circulation is a very dangerous and unscientific thing to do, for are we not continually warned against

allowing any foreign or diseased matter to come in contact with wounds owing to the danger of producing septic poisoning and death? Now in the ordinary manner of vaccination do we not deliberately make a wound and put into it foreign diseased matter for the ostensible purpose of preventing or modifying a disease with which the patient may never meet? Now if it is so dangerous in surgical cases, is it any less dangerous in vaccination?

Then there is the risk of transmission of disease from one person to another, or from the cow to the person. It is a well-known fact that syphilis has been widely spread by vaccination, as the following circumstance, noted in Erichsen's *Surgery*, fifth London ed., p. 525, will show: "Syphilis has also been spread widely among young children by vaccinating them with lymph from a syphilitic child. One of the most unquestionable of these accidents is that which occurred in the Subapennine Valley of Rivalta, in Piedmont, in 1861. Dr. Pacchiotti, of Turin, who was employed by the Italian Government to report on this attack, has published an account of it. The facts are shortly these: In May, 1861, an apparently healthy child, named Chibrera, was vaccinated at Rivalta with lymph sent from Acqui for the purpose. Ten days after this vaccination—on June 7th—forty-six healthy children were vaccinated at one sitting from this child. Again, on the 12th of June, seventeen other healthy children were vaccinated from one of the forty-six. Thirty-nine of the first series of forty-six and seven of the second series of seventeen received syphilis with the vaccine disease, making a total of forty-six out of sixty-three children in a mountain village simultaneously inoculated with syphilis. Some months elapsed before the vaccination was suspected to have been the source of the children's bad health. By the 7th of October, when attention was drawn to this spreading disease, six of the forty-six syphilized children had died without receiving any treatment, fourteen were recovering, and three were in a precarious condition. Twenty-three were dispersed through the country, and their condition was unknown until further researches traced them out. In addition to the children twenty

women suckling them were inoculated with syphilis from the children ; through the mothers the disease had reached some of the husbands and even the elder children of the different families."

This is a *horrible* picture ! Forty-six healthy children inoculated with a loathsome disease which will probably remain with them for life and make life miserable, besides their liability to transmit it to future generations ! Will any one say this is preferable to risking small-pox ? But my friends who believe in vaccination will say, "This is a circumstance which seldom happens." That is probably true of syphilis, now that we use bovine virus, but if one constitutional disease is communicable by vaccination, is not the same true of any other constitutional disease ? Are not the constitutional diseases of the cow communicable in the same way ? May not this account for the increase of tuberculosis, cancer, etc. ? We know that tuberculosis and other diseases may remain latent through one or more generations, and in these cases we are unable to discover it except by family history ; but, nevertheless, it is there, and, in my opinion, it is just as amenable to communication by vaccination as the syphilis in the apparently healthy child above mentioned. The propagators of bovine virus cannot *know*, except through family history for two or three generations back, whether there is latent tuberculosis or other disease in the heifer or not.

Constitutional diseases often lie dormant in some members of a family in which such a disease exists, and may remain so through life, if nothing disturb the constitution to arouse it into activity and bring it to the surface. Vaccination is very liable to stir up such latent disease through the efforts of Nature to rid herself of the vaccine disease, and in many cases no amount of care or treatment will suffice to cure or bring them back to the dormant condition, and the unfortunate patient is made miserable for the remainder of life, when, had the latent disease not been aroused into activity by vaccination they might have enjoyed fairly good health.

But I think all this trouble and risk may be avoided and the community enjoy as much or *more* protection from small-pox than they do under ordinary vaccination ; for it is my opinion,

from my own observation and from what I can learn from others, that both *Vaccinum* and *Variolinum*, when administered by the mouth, in potentized form, exert a decidedly protective influence against the disease, and the danger of injecting poisonous substances into the circulation is avoided; for it is well known that even rattlesnake poison may be taken into the stomach without danger, but injected into the circulation it is almost certain death.

About twelve years ago I treated a case of small-pox in a colored man who had six children, all of whom had been vaccinated a short time previous, but only two of them had taken. I gave orders that the children should not be allowed up-stairs; but every time I visited my patient I found some of them playing in his room, sometimes on the bed. The case presented a clear picture of the proving of *Vaccinum*, and that remedy was given to both father and children, in the 30th potency, one dose each day. The father made a rapid recovery and none of the children took the disease.

A year or two ago I read in a sample allopathic journal which was sent me, and which I have unfortunately lost as well as forgotten the name, of three allopathic physicians who had used vaccine virus diluted, as near as I could make out, to about our 3x potency, and administered it by the mouth. The writer of the article was one of the three. He said that from 1837 to 1842 the small-pox was very fatal, and he lost nearly all his cases until his son was taken with the disease, and in spite of all he could do he grew steadily worse and his speedy death seemed inevitable. Then he sat down in despair and after some serious thought he decided to give him diluted vaccine virus, which he did with immediate benefit, and the boy made a rapid recovery. He and two others of his colleagues gave it in every case from that time on and all recovered. They also gave it as a prophylactic to over five hundred persons, who were exposed to the disease in waiting on the sick, and not one of them took it. The writer further said that he considered this sufficient evidence that the administration of dilute vaccine

virus was a perfect prophylactic and that this is the proper way to use it.

I have in my possession a letter from Dr. Fincke of Brooklyn, N. Y., in which he refers Dr. C. A. Beldin, who experienced the prophylactic action of Variolinum^m on himself, having on hand a confluent case of small-pox, and many other cases besides, in 1892. He got similar symptoms to small-pox for one day, but next day he was free from it and able to attend to his practice without being infected. Dr. Fincke says: "In 1893 he asked for another vial of Variolin.^m (which he preferred), with the following words: 'I am using it altogether instead of vaccinating. I refuse to vaccinate. More are killed and maimed in some way for life by vaccination than die of small-pox. I have had cases that had been exposed to small-pox by being with small-pox cases for nine days. I gave them Variolin.^m, and it got ahead of the small-pox and aborted it.'"

Dr. Fincke also says, "I do not vaccinate any more for the last twenty years, and give Variolin.⁹⁰⁰ as a prophylactic. I never heard that any one so protected had been affected by small-pox. This spring I gave to a patient of mine Variolin.⁹⁰⁰, whose sister got small-pox through having been vaccinated two weeks before without effect, and his little brother, an infant, had varioloid at the same time. But though in contact with them he was not infected."

Dr. Fincke relies on the single dose, but I have given one dose per day for three successive days. During the past winter all my patients who applied for vaccination have accepted Variolin. in preference, and others who were not my regular patients applied for it.

Aside from the children of the small-pox patients who received Vac.³⁰, I do not know whether any of the persons who received Variolin. have been exposed to small-pox.

I believe that in case of an epidemic of small-pox, the remedy that corresponds to the epidemic would be the best prophylactic, be that remedy what it may.

REPERTORY ON APPENDICITIS.*

INCLUDING TYPHLITIS AND PERITYPHLITIS.

W. A. YINGLING, M.D., NONCHALANTA, KANSAS.

Abdomen. (Compare with Ileo-cæcal Region.)

- alive in right hypochondrium, motion as of something. *Inula.*
- alive in left hypochondrium, motion as of something. *Phos.*
- ball, sensation of, rolling in, when turning over on the left side, especially after pus has formed. *Lach.*
- burning (or heat) in. *Apis, Ars., Bell., Bry., Camph., Cocc., Colch., Coloc., Crotal-hor., Doryphora, Kali-c., Lach., Magn-phos., Merc., Nux-v., Phos., Plat., Plb., Rhus-tox., Sil., Thuj.*
- burning in. Compare under Heat, below.
- coldness of. *Cocc.*
- cold feeling in. *Phos.*
- constant pain in a limited spot in. *Bry.*
- crampy, paroxysmal pain beginning close to crest of ilium, right side, stretching to lumbar and hypogastric regions. *Diosc.*
- cutting pain in a small spot, between umbilicus and right groin. *Inula.*
- drawing, burning feeling in almost whole of right side of, with a painful, hard swelling in the region from the crest of ilium to middle abdominal line, upward to liver and downward to groin, better gently pressing upward on tumor. *Rhus-tox.*
- dull throbbing in the. *Bry.*
- heat in right hypogastric region. *Bell., Bry.*
- heat and tenderness, can scarcely bear any covering. *Crotal-hor.*
- heat. See Burning.
- numbness of. *Apis.*

* Prepared for the Kansas State Hom. Society, 1895.

- Abdomen, pain in right side of, reaching to right groin and down to scrotum on the same side. *Ars.*
- pain in right side, severe, knife-like, going through to back. *Pyrogen.*
 - pain in right side, stretching toward liver and into chest. *Camph.*
 - pain in, on awaking, near right anterior superior spinous process of ilium. *Card-mar.*
 - pain severe in lower, as if it would burst, settling finally into ileo-cæcal region. *Nitr-ac.*
 - pain severe, very, on right side of, extending downward toward rectum. *Doryphora.*
 - pains severe, very, in right side of, with distention; pains spread to right inguinal region. *Card-mar.*
 - pain sharp, stitching between umbilicus and right groin. *Inula.*
 - pain sharp in right lower, extending toward right spermatic vessels. *Medor.*
 - pains tensive, contractive, during exacerbation. *Cocc.*
 - pregnancy, quickening of, feeling like the. *Thuj.*
 - pressing in right side of. *Prun., Pyrogen.*
 - pressive pain between navel and groin, worse standing, lying on back or side, inhaling, etc. *Arum-mac.*
 - pressure in right side of, as from a foreign body. *Thuj.*
 - pressure upward from flatulent distention. *Phos.*
 - pulsations in. *Acon., Bry., Card-mar., Colch., Lach., Plb.*
 - rolling-up feeling as of a hard substance in right hypochondrium. *Op.*
 - rumbling in. *Bapt., Carb-sulf., Doryphora, Inula, Nitr-ac., Op., Phos., Plb., Rhus-tox.*
 - rumbling in, as if a boiler were working in bowels. *Nitr-ac.*
 - rumbling in, caused by pressure. *Diosc.*
 - sensitiveness to contact, extreme. *Lach., Plb., Pyrogen.*
 - sensitive to pressure or touch (tenderness). *Apis, Arn., Arum-mac., Bapt., Bry., Camph., Carb-sulf., Colch., Crotal-hor., Diosc., Doryphora, Natr-sulf., Nitr-ac., Plb., Pyrog.*

Abdomen, soreness of right side of. Pyrog., Zing.

— soreness of walls of. Bell., Thuj.

— sore pain on a small place on right side. Zing.

— stitches from, into chest. Bry.

— squeezing pains in different parts of, paroxysmal, coming on during quiet or motion. Natr-sulf.

— surface of, hotter than the rest of the body. Colch.

— swollen, distended. Acon., Apis, Ars., Bapt., Bry., Carb-sulf., Card-mar., Colch., Doryphora, Nitr-ac., Phos., Rhamnus-cath.

— tympanic. See Tympanitis.

Abscess, deep-seated. Apis, Ars., Graph., Hepar, Iod., Kali-c., Lach., Lyc., Merc., Sil., Sulph.

Alive, painful motion in right hypochondrium, as from something. Inula.

— painful motion in left hypochondrium, as from something, when standing or sitting. Phos.

Anxiety, with. Acon., Ars., Bell., Bry., Camph., Coloc., Hepar, Kali-c., Lach., Merc., Natr-sulf., *Nux-v.*, Op., Phos., Plat., *Plb.*, Rhus-tox., Sil., Thuj.

Appendicitis, especially. Apis, Arn., Ars., Arum-mac., Bapt., Bell., Bry., Camph., Carb-sulf., Card-mar., Cocc., Colch., Coloc., Comoclad., Crotal-hor., Diosc., Doryphora, Ginseng, Hepar, Hura, Inula, Lach., Medor., Merc., Merc-cor., Natr-sulf., Nitr-ac., Op., Phos., *Plb.*, Rhamnus-cath., Rhus-tox., Thuj.

Appendix, extreme pain in region of. Crotal-hor.

Appetite, loss of. Crotal-hor.

— Consult general repertory.

Back, forced to lie on, motionless. Bell.

— lying on, with right leg flexed or elevated. Amel., Rhus-tox.

— lies on, with right knee flexed. Hepar, Lach., Merc.

— lying on, aggravates. Acon., Arum-mac., Ars., Coloc., *Nux-v.*, Phos., Rhus-tox., Sil.

Belching. See Eructations.

Bladder, pressure on. Op.

Breathing, aggr. from. Acon., Arum-mac., Bell., *Bry.*,
Camph., Carb-sulf., *Cocc.*, Colch., Doryphora, Hepar,
Kali-c., *Merc.*, Pyrogen, Rhus-tox., Thuj.

Burning in abdomen. See Abdomen.

— pains. Ars., *Bry.*, Doryphora, Phos.

Chilliness, with. Hura.

Coldness, attacks of. Hepar.

Colic, with anxiety. Arum-mac.

— from incarceration of gases. Carb-sulf.

— or griping pains. Rhamnus-cath.

Colicky pains in right side. Card-mar.

Collapse, threatened with. Ars., Camph., Crotal-hor., Lach.,
Verat.

Colon, transverse, aching, sore, bruised feeling felt along the,
Merc-cor.

Constipation, with. *Bry.*, Card-mar., Crotal-hor., Lach., *Merc.*,
Op., Plat., Plb.

— See also under Stool, and consult general repertory.

Contractive pains. *Cocc.*

Coughing, aggr. from. Arn., Ars., *Cocc.*, Plb., Pyrogen.

Covering, throws off, though the body is cold to the touch.
Camph.

Crawling sensation extending to the toes, distressing. Ginseng.

Cutting pains. Ars., Bell., *Bry.*, Carb-sulf., Card-mar., Colch.,
Coloc., Comoclad., Crotal-hor., *Diosc.*, Inula, Kali-c.,
Merc., Nux-v., Op., Plat., Rhamnus-cath., Rhus-tox.,
Sil., Thuj.

Delirium when going to sleep, with. Ginseng.

Diarrhoea. See under Stool, and consult general repertory.

— alternating with constipation, copious, gushing, exhausting
stool. Phos.

— bilious. Apis.

— involuntary, thin, offensive, or retention of stool. Op.

Drawing pains. *Bry.*, Camph., Card-mar., Hepar, Inula,
Kali-c., Lach., Medor., *Merc.*, Nux-v., Plat., Plb., Rhus-
tox., Thuj.

Drinking, pain aggr. from. Doryphora.

Driving, aggr. while. Card-mar.

Dull pain. Bry.

Eating, pain worse from. Doryphora.

Enteritis from pressure of foreign bodies. Bry.

Erections, frequent. Plat.

— with ineffectual desire for stool. Thuj.

Eructations, acrid, bitter, loud. Carb-sulf.

— many, but do not relieve. Op.

— putrid. Arn.

— sour. Plb.

Extremities, cold. Op.

— constant motion of. Cocc.

— See Legs.

Exudation. Apis.

— purulent. Merc.

Eyes, half open. Op.

— obscuration of sight. Op.

Face, anxious. Rhus-tox., Plb.

— cold and pale. Hepar.

— cold sweat on. Ars.

— flushed or pale. Merc.

— hippocratic. Camph., Op.

— hot. Hura.

— pale. Merc., Op., Rhus-tox.

— troubled look in. Plb.

Fainting spells. Camph., Carb-sulf.

— with nausea. Carb-sulf.

Feet, caused by getting feet wet. Rhus-tox.

— cold. Ars., Hura.

— damp. Hura.

— oedema of the. Apis.

Flatus, better passing. Arn.

— fetid. Arn., Ars., Camph., Carb-sulf., Cocc., Nux-v., Phos.,
Sil.

— free discharge of. Arn., Carb-sulf., Phos.

— incarcerated. Carb-sulf., Natr-sulf., Phos.

— odorless. Phos.

Flatus, sour. Carb-sulf., Merc.

Fluid in ileo-cæcal region, sense of, on pressure. Apis.

Food, sight or smell of, causes nausea and aversion. Colch.

Fermentation. See Rumbling, under Abdomen.

Fever, with. Bell., Ginseng, Lach.

— after sleep. Lach.

— at 3 P. M. Lach.

— Consult general repertory.

Gnawing pains between spine of ilium and rectus musele.
Medor.

Gripping pains. Inula, Op., Phos., Rhamnus-cath.

Groin. Consult Ileo-cæcal Region.

— drawing pains in right and over external pubic region. Inula.

— outward pressure in, with rolling, rumbling, and distention.

Natr-sulf.

— pains beginning in right and spreading over abdomen.

Natr-sulf.

— pains extend to. Ginseng.

— pressure in, as from a foreign body. Thuj.

— stitching pain in right. Bapt., Inula.

— stitching pain in right extending to umbilicus with each step.

Inula.

Hands, burning of palms. Rhus-tox.

— cold. Ars.

Head, aching of the. Plb.

— confusion of the. Op.

Heat, after sleep. Lach.

— when going to sleep. Ginseng.

Hernia-like pains. Cocc.

Hiccough. Op., Phos., Nux-v.

Hypochondrium. See under Abdomen.

Ileo-cæcal region, (right iliac fossa). Compare with Abdomen.

— Bapt., Bry., Carb-sulf., Diosc., Ginseng, Magn-phos.,
Merc-c., Phos., Plb., Thuj.

— bruised, sore feeling in, sensitive to pressure. Merc-c.

— circumscribed tumor in, the size of a large turnip, yielding
and yet hard to the touch. Coloc.

- Ileo-cæcal, cutting, griping pains in. Rhamnus-cath.
- cutting, tensive pains in, worse from deep inspiration. Thuj.
- deep, circumscribed swelling in. Hepar.
- feeling of hardness over cæcum, with severe pain. Crotal-hor.
- gurgling, rumbling in. Apis, Carb-sulf., Ginseng, Natr-sulf., Rhamnus-cath.
- indurated. Apis, Magn-phos., Merc., Rhus-tox., Plb.
- pain in, reaching to groin and scrotum on same side. Ars.
- painful, hard, hot, red swelling in. Merc.
- sensation of fluid, present on pressure. Apis.
- sensitive to pressure (tenderness). Arn., Bapt., Cocc., Colch., Crotal-hor., Ginseng, Lach., Merc-c.
- sensitive to touch (painful). Apis, Arn., Bell., Bry., Card-mar., Colch., Crotal-hor., Merc., Merc-c., Nitr-ac., Plb.
- sharp, severe pains in. Bell., Gingseng, Hura, Magn-phos.
- steady, unremitting pain in. Cocc.
- sudden pain arising in a small area in, suddenly ceasing in vomiting or headache. Diosc.
- swelling like a tumor in, tensive, drawing pain in. Medor.
- swelling like a tumor in, hard, worse least motion, touch, sneezing, coughing. Plb.
- swollen. Apis, Arn., Card-mar., Colch., Ginseng, Hepar, Lach., Magn-phos., Medor., Merc., Natr-sulf., Phos., Plb., Rhus-tox.
- tenderness on pressure at a small spot the size of an orange, great, some feeling of hardness. Crotal-hor.
- twitching, cramping pains in, which spread over the whole right side of abdomen. Carb-sulf.
- Inguinal region, outward, pressure at right. Bell.
- tenderness. See Abdomen and Ileo-cæcal Region.
- Inspiration. See Breathing.
- Intermittent pains. Bapt., Comoclad., Crotal-hor., Diosc., Inula, Natr-sulf.
- Intestines, increased peristaltic action of, with rumbling in cæcum. Carb-sulf.
- paralysis of. Phos.

- Jar, least, aggr. Acon., Arn., Bell., Bry., Hepar.
 Knees drawn up, must have the. Crotal-hor., Hepar, Lach.,
 Merc., Op., Rhus-tox.
 Lancinating pains. See Cutting Pains.
 Legs, aching of the. Plb.
 — cold, clammy sweat on. Plb.
 — draw up the, must, abdomen hard and tympanitic. Op.
 — extending or moving right, aggr. Rhus-tox.
 — extending the right, greatly aggravates the pain, must lie
 with it drawn up and propped with a pillow. Crotal-hor.
 — lame feeling in the. Plb.
 — lancinating pains radiating down the right, with numbness in
 it. Plat.
 — pains from rotating the right. Lach.
 Lie on back. See Position and Back.
 Loin, pain in right, with tense feeling. Natr-sulf.
 — tense feeling, painful stiffness, from right into sacrum, groin,
 and anterior part of thigh. Lach.
 Mercury, ill-effects from. Hepar.
 Mesenteric tuberculous deposits. Hepar.
 Motion, aggr. from. Apis, Arn., Bell., Bry., Camph., Cocc.,
 Colch., Hepar, Merc., Natr-sulf., Nux-v., Phos., Plb.,
 Pyrogen, Sil.
 — during, sharp stitches in ileo-caecal region. Hura.
 — painful feeling of, in right hypochondrium, as from some-
 thing alive. Inula.
 Nausea, with. Ars., Bapt., Bell., Bry., Carb-sulf., Card-mar.,
 Cocc., Colch., Diosc., Hepar, Hura, Merc., Natr-sulf.,
 Nux-v., Phos., Plat., Plb., Rhus-tox., Sil.
 — from sight or smell of food. Ars., Colch.
 — from stooping. Carb-sulf.
 Nose, worse blowing the. Arn.
 Pains come and go rapidly. Bell., Magn-phos.
 — crescendo and diminuendo in character. Bell.
 — crescendo in character. Diosc.
 — doubling up and extorts cries, causes. Coloc.
 — extending downward toward rectum. Doryphora.

Pains extending and following downward direction of rectus muscle. Comoclad.

— internal, more. Camph.

— itching character, of an. Carb-sulf.

— of inflammation. Natr-sulf.

— pressive, about quadratus lumbar muscle, worse when rising from the lying posture. Rhus-tox.

— rotating the right leg, when. Lach.

Paroxysmal pain. See Intermittent Pain.

Peritonitis. Phos.

Perityphlitis. See Typhlitis.

Perspiration. See Sweat.

Pinching pains. Cocc., Phos.

Position, impossible to lie on left side. Rhus-tox.

— lies on back with the right knee flexed. Hepar, Lach., Merc., Rhus-tox.

— lies motionless on back, must. Bell.

Pressing aggravates or causes pains to return. Carb-sulf.

— pains. Apis, Arn., Ars., Bell., Camph., Card-mar., Cocc., Colch., Merc., Nux-v., Phos., Pyrogen, Rhus-tox.

— swelling from below upward, amel. the pain. Rhus-tox.

Pressure, causes rumbling in right side of abdomen. Diosc.

— outward at right inguinal region. Bell., Cocc., Natr-sulf.

— sensitive to. Apis, Arn., Bapt., Bell., Bry., Camph., Carb-sulf., Cocc., Colch., Crotal-hor., Diosc., Doryphora, Ginseng, Lach., Merc., Merc-c., Natr-sulf., Nitr-ac., Plb.

— sensitive to. See also Abdomen and Ileo-cæcal Region.

Prostration, with great. Camph., Crotal-hor., Diosc., Nitr-ac.

Pulse, hard and tense. Op.

— rapid. Camph., Crotal-hor., Rhus-tox.

— slow. Op.

— weak. Camph., Crotal-hor., Rhus-tox.

— Consult general repertory.

Quiet, better from. See Motion, worse from.

— pains coming when, and also when moving. Natr-sulf.

Rectum, pressure on the. Op.

Remits, when the pain remits it returns intensified. Cocc.

Restlessness, with. Acon., Ars., Bell., Cocc., Coloc., Natr-sulf., Pyrogen.

— Consult general repertory.

Retching, with. Ars., Bapt., Hepar, Plb.

Rheumatic subjects, in. Bry.

Rumbling. See under Abdomen.

Septic states, in. Crotal-hor., Pyrogen, Rhus-tox.

Sharp pains. Arn., Bapt., Bell., Coloc., Ginseng, Inula, Magn-phos., Medor., Phos.

Shooting pains. Phos. (Consult Sharp Pains.)

Side, lying on, aggr. Arum-mac.

— numerous stitches in right, worse while lying on painful side. Thuj.

— pressing pain on right, between false ribs and hips, worse when stretching out the body in the morning, with colicky pains. Card-mar.

Sight. See Eyes.

Sitting, worse when. Phos., Rhus-tox.

Skin, hot and dry. Crotal-hor.

— pale, cold, and clammy. Diosc.

— perspiring while it burns to the touch. Bell., Op.

Sleep, restless. Inula.

— starting and crying out during. Inula.

Sleeplessness. Bell.

Sleepy, but cannot sleep. Bell.

— and stupid. Op.

Sneezing, aggr. from. Apis, Plb.

Spasmodic pains. Cocc.

Squeezing pains. Natr-sulf., Op.

— pains, as if something were forced through a narrow space. Op.

Stages of the disease, first. Acon., Bell., Merc.

— suppurative. Hepar, Merc.

— suppurative. See Abscess.

— typhoid. Apis, Bapt., Bell., Bry., Hepar, Lach., Merc., Merc-c., Plb., Pyrogen, Verat.

Standing, worse. Arum-mac., Bry., Phos.

Stepping, worse from. See Walking.

Stercoraceous vomiting. See Vomiting.

Stinging pains. Apis, Bry., Camph., Ginseng.

Stitching pains. Ars., Bapt., Bry., Colch., Hura, Inula, Merc.,
Thuj.

— pressive, cutting, from right to left, worse walking. Merc.

Stomach, coldness of. Cocc.

— painful distention of. Phos.

Stool, almost incessant desire for. Merc-c.

— constipation, or slimy, difficult. Merc.

— copious, gushing. Phos.

— curdy masses or pus. Lach.

— fetid. Crotal-hor., Op.

— frequent calls to. Arn., Hepar, Nux-v.

— ineffectual desire for. Inula, *Nux-v.*, Thuj.

— involuntary. Op.

— mucous. Merc., Merc-c., Nitr-ac.

— painful urging to. Lach.

— retention of, or involuntary, offensive, thin diarrhœa. Op.

— scanty of blood and mucus. Merc-c.

— watery. Nitr-ac.

— whitish, containing pus. Rhus-tox.

— See also Constipation.

Suppurative. See Abscess.

Sweat, cold. Ars., Hura, Plb.

— cold on face. Ars.

— cold on forehead. Plb., Verat.

— copious upon genitals, of a honey-like odor. Thuj.

— on uncovered, while covered parts are hot. Thuj.

— profuse at night. Rhus-tox.

— with. Camph., Op., Plb.

— with the pains. Merc.

Tearing pains. Ars., Calendula, Colch.

Temperature, subnormal. Crotal-hor., Heloderma.

Tenderness. See under Abdomen and Ileo-cæcal Region.

Tensive pains. See Drawing Pains.

Testicle, tenderness of the right. Medor.

- Thirst, with great. *Ars.*, *Bell.*, *Bry.*, *Cocc.*, *Crotal-hor.*, *Merc.*,
Nux-v., *Op.*, *Plb.*
— great for large quantities. *Bry.*
— great for small quantities. *Ars.*
Thirstlessness. *Apis.*
Throbbing. *Bry.*
Tongue, brown streak in centre. *Apis*, *Plb.*
— black. *Phos.*
— cracked and glossy. *Phos.*
— dry. *Apis*, *Ginseng*, *Merc.*, *Phos.*, *Plb.*, *Rhus-tox.*
— foul. *Crotal-hor.*
— large, shining papillæ, with. *Ginseng.*
— red. *Merc.*, *Phos.*, *Rhus-tox.*
— red at tip. *Crotal-hor.*, *Rhus-tox.*
— red edges. *Plb.*, *Pyrogen.*
— sides moist. *Apis.*
Tossing about, agonizing. *Coloc.*
Touch. See Pressure.
Traumatism, from. *Apis*, *Arn.*, *Bry.*
Twitching pains. *Carb-sulf.*
Tympantitis, with. *Apis*, *Arn.*, *Ars.*, *Diosc.*, *Op.*, *Phos.*,
Rhamnus-cath.
— Also consult general repertory.
Typhlitis (especially). *Acon.*, *Bell.*, *Bry.*, *Card-mar.*, *Coleh.*,
Crotal-hor., *Crot-tig.*, *Diosc.*, *Ginseng*, *Hepar*, *Lach.*,
Lyc., *Merc.*, *Nux-v.*, *Op.*, *Plat.*, *Plb.*, *Pod.*, *Rhamnus-*
frang., *Rhus-tox.*, *Thuj.*
Umbilicus, drawn in. *Plb.*
— retracted, with hiccough. *Op.*
— See under Abdomen.
Unremitting, steady pains. *Cocc.*
Urine, dark. *Apis*, *Lach.*
— offensive mucous discharge, during the flow. *Lach.*
— scanty. *Apis*, *Lach.*
— secretion diminished. *Apis.*
— urging to, too frequent. *Hepar.*
— with red sediment. *Lach.*

Vision. See Eyes.

Vomiting, with. Acon., Apis, Ars., Bapt., Bell., Bry., Carb-sulf., Colch., Coloc., Diosc., Hepar, Natr-sulf., Op., Phos., Plb., Plat., Sil.

— after eating or drinking. Ars.

— as soon as water becomes warm in the stomach. Phos.

— bilious, bitter. Apis, Ars., Bry., Carb-sulf., Coloc., Crotal-hor., Hepar, Merc., Phos., Plb.

— disposed to, when sitting up. Colch.

— fatty. Thuj.

— grass-green substance. Rhus-tox.

— offensive. Ars., Cocc., Nux-v., Op., Phos.

— sensation as if vomiting would do good. Bapt., Nux-v.

— sensation as if he would vomit, without nausea. Bapt.

— stercoraceous. Acon., Ars., Bell., Bry., Lyc., Merc., *Nux-v.*,
Op., *Plb.*

— yellow, green mucus. Phos.

Walking, worse from, Arn., Hura, Inula, Merc., Rhus-tox.

Wandering pains (Abd.). Card-mar., Comoclad.

Weakness, with. See Prostration.

Zymotic states, in. Crotal-hor., Pyrogen.

INFORMATION RELATIVE TO THE INVESTIGATION OF THE INFLUENCE OF CLIMATE ON HEALTH.

CIRCULAR NO. 4. SANITARY CLIMATOLOGY. U. S. DEPARTMENT OF AGRICULTURE, WEATHER BUREAU,
WASHINGTON, D. C., MARCH 23D, 1895.

The investigation of the influence of climate on health that has been undertaken by the Weather Bureau was first made public by the issuing of a circular, which was published in *THE HOMŒOPATHIC PHYSICIAN* for February, 1895, page 82.

The methods and details to be pursued in gathering together the data required for the investigation had not been matured when the circular was published, and its purpose was mainly to elicit suggestions and to gain some tangible estimate of the extent of

the statistics, and of the number of co-operators that could probably be expected. At the same time, letters were addressed to the various officials of this Bureau, scattered throughout the country, asking them to ascertain the methods of recording and reporting vital statistics in vogue in their respective localities. From the information obtained by these means, the plan and details of the work have been determined so far as the possibilities of an untried experiment will permit.

The investigation of the relation and application of climatic agencies to hygienic conditions requires the collection and collation of the essential facts of both meteorology and hygiene. While the Bureau will obtain the necessary climatic data from the records of its various meteorologic stations, it must look to the voluntary assistance of the medical and sanitary professions for the statistics of mortality and morbidity; and the ultimate value of the investigation will depend in a great degree upon the interest these professions take in the enterprise.

VITAL STATISTICS.

Wherever it is practicable, the mortality and morbidity statistics will be collected by weekly periods.

The kind of facts that are desired relative to mortality and the shape in which they are asked to be returned, will appear from the blank form prepared for the purpose, of which copies may be obtained from the department.

The form is designed for the use of boards of health and health officers, in returning the deaths occurring in their respective municipalities, districts, and States during any calendar week. Provision is also made thereon for reporting such diseases as may be registered as dangerous to public health.

Co-operators will be supplied with penalty envelopes to be used in corresponding with the Bureau upon official matters, as in asking for supplies or information necessary to their assistance in the investigation; and co-operators are requested to anticipate by timely notification the exhaustion of their supplies.

The Bureau requests that co-operators will forward their reports as soon after the end of the week as convenient, to the end

that the statistics may be received in time to afford ample opportunity for compilation and publication while the events are still fresh enough to be recalled by either the general reader or the student of medical climatology.

COMPILATION.

The vital and meteorologic statistics, having been received, will be collated by general averages and by particular and selected events, as the comparison of the general mortality with the average conditions of the weather for the week, and the passage of storms and cold or hot waves, the appearance of epidemics, etc. Also, in instances as well-defined weather disturbances, comparisons of vital and meteorologic statistics will be made by daily periods. For example, a storm appearing in the western part of the country will be followed day by day as it passes eastward across the country, and the illness and deaths reported for these days from the localities traversed will be compiled and compared with the same kind of facts reported both before and after the storm. The same plan of treatment will be pursued in dealing with hot and cold waves.

By these methods we may hope to be able to give, in time, definite information as to how much and how the accidental and constant variations of the weather affect the sick and well, and in what way the present forecasts and weather charts can be used in both curative and preventive medicine.

The calendar week has been adopted as the period of time for collecting statistics and making the general comparison; because in longer periods, for instance a month, the evidence of extreme fluctuations in either the meteorologic or sanitary conditions is more or less smoothed out in proportion to the length of time during which the events happened. Also, because it has the advantage over other short arbitrary periods in being familiar to all, and one by which so many of our ordinary events and actions are reckoned.

THE PUBLICATION.

A publication containing the collected and compiled facts will be issued monthly. This publication will comprise, in the

shape of tables, charts, and diagrams, the chief meteorologic factors as observed and recorded by the officials of the Weather Bureau, and the statistics of mortality and morbidity as reported by the various public health officials and by individual physicians; also brief statements of the general sanitary conditions of the different localities, especially as they may have been influenced by the weather.

Under no circumstances will discriminating or advisory notices of any locality be published, the entire aim of the Bureau being to collect the facts and statistics for the sanitary and medical profession, and for the general public, to use in such ways and for such purposes as they may see fit.

MARK W. HARRINGTON,
Chief of Bureau.

GRAPHITES FOR PYROSIS.

A young, tall lady of nineteen years suffers from pyrosis, which attacks her at any time, so that she is hardly able to go into society, and thus become melancholic. She also suffers from chronic constipation, palpitations, worse when ascending, when she also complains of difficulty of breathing. Goallon thought at first on Bismuth, which is indicated in many cases of chlorosis, but finally settled on Graphites¹², which at first aggravated and then cured. She also acknowledged that riding in a carriage had always produced pyrosis, and one finds this aggravation by riding in a carriage sometimes in chlorosis.—*Populäre Zeitsch, f. H.* 12, 91.

SILICEA IN AFFECTIONS OF THE EUSTACHIAN TUBE.

DR. U. GOULLON, WEIMAR.

Judge N. complains of troublesome noises in the ear, especially a continuous surging, caused by cardiac irritation without any organic trouble of the heart; he often has a congested face.

He received Silicea, and shortly afterward he returned, astonished that every powder produced, an hour after taking it, a tingling sensation in the nose, extending itself through the Eustachian tube into the internal ear, as if an air-bladder was pushed through and burst. This repeated itself after every dose, and only gradually disappeared. Another patient complained, after having passed through an attack of influenza, of roaring in the ears (it is very hard to get from a patient a clear description of the noises in the ear), and as he complained simultaneously of a recent catarrhal condition of the fauces and nose, it was considered that the Eustachian tube was also affected. He took Silicea for three days, and the noise was gone—*A. H. Z.*, 21, 91. S. L.

BOOK NOTICES.

AN INTERNATIONAL SYSTEM OF ELECTRO-THERAPEUTICS :
for Students, General Practitioners, and Specialists. By
Horatio R. Bigelow, M. D.; and thirty-eight Associate
Editors. Thoroughly illustrated. In one large royal octavo
volume, 1160 pages, extra cloth, \$6.00 net; sheep, \$7.00 net;
half-Russia, \$7.50 net. Philadelphia: The F. A. Davis
Co., publishers, 1914 and 1916 Cherry Street.

This valuable manual has lain upon our table too long already, waiting for review. So excellent a book should have been called to the attention of the profession sooner than we have found it convenient.

It contains the very latest information upon electricity and electrical appliances, and the latest methods of electrically treating diseases of the alimentary tract, of the liver and kidneys, gout, and rheumatism.

The method of electrically treating diseases of the lungs and heart, the uterus and uterine appendages, the displacements of the uterus, the disorders of menstruation, the management of cancer and various tumors, facial blemishes, skin diseases, diseases of the nose, larynx, pharynx, and eyes, all are here minutely described each by a specialist who devotes his time exclusively to that one line of treatment. The book is profusely illustrated so that perfectly clear ideas are obtained of all apparatus described. The preface is in itself exceedingly interesting, and contains quite an exposition of the wonderful discoveries of Nikola Tesla's "high frequency currents." These phenomena are quite difficult of explanation, especially to such as have not made a special study of electricity. In this preface a very good general idea of them can be

acquired by careful reading. For such as may wish an elementary idea of the Tesla discoveries, and yet have not the time to study the subject in detail the editor of this journal offers the following explanation: If a common horse-shoe magnet be held in the hand, and a common nail suspended by a thread be dangled in front of its poles, the nail will be attracted to the magnet at whatever point it be held. This shows that lines of force are reaching out from the magnet in every direction. If, now, the nail be held firmly in the hand, and passed through the air before the poles of the magnet forward and backward repeatedly, so as to cut these lines of force, electrical currents will be generated. As the nail approaches the poles the current will be momentarily in one direction and will die out entirely, as the nail arrives in front of the poles. It will be revived again in the opposite direction, the moment the nail passes the poles into the space beyond. As the nail comes back toward the experimenter, these phenomena will again be reversed. If a coil of wire, silk covered or otherwise insulated, be brought near, these currents will locate themselves in the wire and can be made to spark. If the wire be coiled about the nail, the phenomena are more apparent.

If now we imagine the nail bent round into a circle, provided with spokes and an axle, and so converted into a wheel, and the wire wrapped around the rim of the wheel in a series of disconnected spools; if we further conceive the two ends of each coil of wire soldered together and made fast to the axle, to a small plate placed longitudinally to it, we shall then have a wheel whose rim is studded with small spools of wire, whose spokes are burdened with loops running down to the axle, and whose axle is covered with a series of small plates parallel to each other completely encircling it like the staves of a barrel. From these plates the current is drawn off by slips of brass pressing upon them. This wheel, so equipped, is now placed between the poles of the magnet and allowed to revolve freely either by hand-power, or, if large enough, by a steam-engine. Such a machine is called a dynamo and is the type upon which all dynamos are constructed. Such a dynamo will give a current flowing only in one direction. If, however, no loops are made the current alternates, as previously explained, first in one direction and then in the other. Such *alternating* currents are very powerful and dangerous. They leave the wire, penetrating even the thickest insulating coverings, and do considerable damage. They are the kind of currents generated by one celebrated electric light company and because of the damage they do, the Legislature of the State of New York was petitioned to pass a law forbidding their use. At this juncture Nikola Tesla appeared upon the scene with his momentous discoveries. The alternations of current in direction were at the rate of probably one hundred to four hundred changes in a second of time. Tesla, by appropriate means, made these changes or alternations five hundred thousand, one million, and even two millions per second. As previously stated, the slower rate of alternation was dangerous and even deadly. When the alternations were at the extraordinary rate given by Tesla, they were found to be perfectly harmless to the human body. The writer of this review has seen these powerful currents passed into the body of an ex-

perimeter, who then grasped an incandescent lamp that was lying on a neighboring table, when the lamp immediately glowed strongly, so that it was possible to read by a lamp that was supplied exclusively by electricity passing through a human being! The explanation of the freedom from danger under such circumstances can be found by the analogy of a carriage wheel and its effect upon the eye. When the wheel begins to revolve all the spokes are perfectly distinguishable to the eye. As the speed of the wheel increases, the spokes become more obscure, until at its highest speed no spokes can be seen at all. Thus the eye is incapable of perceiving motion at this high speed. So it is with the effect of electricity on the human body. Low-frequency currents are perfectly perceptible to the nervous system, just as the spokes in the slowly-rotating wheel are perceptible to the eye. These currents can produce pain, disintegration, and death. When the frequency rises to the phenomenal height of one million, then the nervous organization of man can take no note of them just as the eye fails to perceive the individual spokes in the swiftly-revolving wheel, and so no damage results.

Much more might be said on this theme, but this review is already too long and not sufficiently descriptive of the volume. All we can say is that we cordially recommend the book as the latest and best exposition of the subject.

A REGIONAL AND COMPARATIVE MATERIA MEDICA. By John Gilmore Malcolm, M. D., and Oscar Burnham Moss, M. D. Chicago: Malcolm & Moss, publishers. 1895.

This volume is the ordinary materia medica of the homoeopathic school, arranged on the regional plan. That is to say, instead of all the symptoms of any one remedy being arranged under the name of that remedy, and divided off into groups, according to the region, as we find them in all the usual works on materia medica, in the volume under review the whole work is divided into chapters, each chapter named for one of the regions, and then under the chapter heading the remedies are arranged in alphabetical order; and only the symptoms relating to that region are placed under the name of the remedy.

Thus under the chapter entitled Mind, we have all the remedies which have mental symptoms, arranged in alphabetical order, with their indications given with scrupulous fidelity. At the end of the chapter we find a repertory to these indications.

Turning now to the chapter entitled Inner Head, we find the complete symptomatology of the head with all the various forms of headache, each given under its appropriate remedy, and these remedies all in alphabetical order. At the end of the chapter we find, as before, a repertory to the chapter, so that we can find any symptom desired. This arrangement runs all through the book. The chapters, as before stated, are simply the names of the regions of the body just as we find them, in the ordinary materia medica.

At the close of the book we find two general and highly important chap-

ters, one entitled Aggravations, and the other Ameliorations. Conditions forming so important a part of the homœopathic prescription, it is likely that these chapters will be consulted very largely by the earnest seeker after the simillimum, and their pages will show much "thumbing." Finally, we have an alphabetical index to the repertories, so that any region may be quickly found and the indications properly examined.

Speaking of this index in the preface, the authors say: "It is another important aid in finding in the most direct manner exactly what is wanted, thus again illustrating the grand object of this work. Moreover, we venture to hope that the brief definitions of numerous technical terms in the 'Index to Repertories' will be of sufficient help to the student to justify the space we have devoted to them."

In reference to the sources from which the symptomatology of this book was derived, the authors say: "Our authorities, in respect to matter, have been the great masters from Hahnemann to Hering and Allen, not excluding the latest faithful exponent of the homœopathic materia medica. We have aimed to present a faithful report in every line; and strengthened by fraternal criticism and continual research, we pledge ourselves to supply to our utmost, in future editions, the deficiencies of the present work."

From the foregoing review, it will be apparent that this new work on materia medica is a valuable addition to the facilities for finding the simillimum, and should be possessed by every homœopathic prescriber.

A HOMŒOPATHIC MATERIA MEDICA ON A NEW AND ORIGINAL PLAN. By M. W. Van Denburg, M. D. A Sample Fascicle, containing the Arsenic group. Published by the author: Fort Edward, New York, U. S. A., 1895. Price, \$1.50.

Dr. Van Denburg, a well-known homœopathic physician, and prominent member of the American Institute of Homœopathy, has for years been engaged in the building up of a materia medica on a plan which was conceived by him long ago, and which renders it the most perfect thing of the kind yet brought before the profession.

With a view of meeting the interminable controversies that have arisen about the authenticity of the symptoms of the materia medica, the author has sought to give the authority of every symptom, the name of the prover, and the publication where found.

All this makes a very elaborate symptomatology of highest value to the philosophic student, but unsuitable for ready reference when studying a case. To meet this defect another section is given where the symptoms are detailed in the ordinary way of other works on materia medica.

Then still another section is arranged where only the great characteristics or keynotes are given, and so the book is adapted to meet the wants of all classes of students of materia medica. The book rejects nothing, advocates

nothing; but with scrupulous fidelity gives every symptom known, traces it to its sources, and gives the clearest ideas how it came into the *materia medica*. The whole arrangement is the most elaborate yet attempted, and withal most satisfactory.

The author expects to publish it himself if he can secure one thousand subscribers. This he ought easily to accomplish among the great body of workers in Homœopathy. The sample pages furnished, and now under review in this article, do not, in our opinion, do the author justice. The conception of the book is even finer than he has shown in the printed sample. Dr. Van Denburg paid a visit to this office and exhibited his manuscript. It made a most favorable impression upon the editor of this journal, and he has not forgotten it; but, on the contrary, has sought, in frequent conversations with various members of the profession, to inspire in them a friendly interest in so valuable an enterprise for the good of the cause.

It may be said that we have all that is needed in the *Encyclopædia of Materia Medica* and in the *Guiding Symptoms*. In answer to this, we can say that it covers the fields of both these publications, and goes over still more ground than they comprise. It does not supplant them, but rather is a sequel to them and an addition.

We cordially commend the work to the profession, and hope every one of our own subscribers will send in his name to Dr. Van Denburg, and thus insure the completion of the work.

A NEW PRONOUNCING DICTIONARY OF MEDICINE: Being a voluminous and exhaustive hand-book of medical and scientific terminology, with phonetic pronunciation, accentuation, etymology, etc. By John M. Keating, M. D., LL. D., fellow of the College of Physicians of Philadelphia; vice-president of the American Pædiatric Society; ex-president of the Association of Life Insurance Medical Directors; formerly visiting obstetrician to the Philadelphia Hospital (Blockley), and lecturer on the diseases of women and children; consulting physician for the diseases of women, St. Agnes' Hospital, Philadelphia; gynecologist to St. Joseph's Hospital, Philadelphia; editor *Cyclopædia of the Diseases of Children*, etc.; and Henry Hamilton, author of *A New Translation of Virgil's Æneid into English Rhyme*; co-author of *Saunders's Medical Lexicon*, etc. With the collaboration of J. Chalmers Da Costa, M. D., and Frederick A. Packard, M. D. With an appendix containing important tables of bacilli, micrococci, leucomaines, ptomaines;

drugs and materials used in antiseptic surgery ; poisons and their antidotes ; weights and measures ; thermometric scales ; new officinal and unofficinal drugs, etc., etc. Prices : Cloth, \$5.00 net ; sheep, \$6.00 net. W. B. Saunders, publisher, 925 Walnut Street, Philadelphia, Pa.

DISEASES OF WOMEN. By Henry J. Garrigues, A. M., M. D., professor of obstetrics in the New York Post-Graduate Medical School and Hospital ; gynæcologist to St. Mark's Hospital in New York City ; gynæcologist to the German Dispensary in the city of New York ; consulting obstetric surgeon to the New York Maternity Hospital, etc. Complete in one handsome royal octavo volume of 700 pages. Illustrated with 310 engravings and colored plates. Full and comprehensive index. Prices : Cloth, \$4.00 ; sheep, \$5.00 net. W. B. Saunders, publisher, 925 Walnut Street, Philadelphia.

The reception accorded to this work has been most flattering. In the short period which has elapsed since its issue, it has been adopted and recommended as a text-book by more than sixty of the medical schools and universities of the United States and Canada.

NOTES AND NOTICES.

A BUREAU OF THE ORGANON AND HOMŒOPATHIC PHILOSOPHY has been established at the last meeting of the Indiana Institute of Homœopathy. "This is the first State institute to create such a bureau," writes Dr. W. R. Bentley, of Morristown, Indiana. It shows that the Indiana Institute is resolved that the position of its members on the great question of pure Homœopathy shall not be misunderstood.

A PORTRAIT OF BËNNINGHAUSEN of undoubted genuineness has been secured after a long search by Dr. John Arshagouni, of New York, who has reproduced it as a photogravure $12\frac{1}{4}$ by $15\frac{1}{2}$ inches and printed on steel-plate paper $20\frac{1}{4}$ by $24\frac{1}{4}$ inches.

The price of this fine work of art is \$2.00 by registered mail to any address. Address, John Arshagouni, M. D., P. O. Box 2331, New York City.

THE PHYSICIANS' INSURANCE ASSOCIATION.—It is an unfortunate fact well known to the medical profession, that a majority of practicing physicians are unable to accumulate from a lifetime of professional work, a competency, and that too often, when death removes them from this earthly sphere, they leave behind them nothing but their individual debts and worthless bills.

In order that these conditions may be bettered, and that a physician may feel that he has in a measure provided in the event of his death for those who are near and dear to him, it has been suggested that the formation of a National Mutual Insurance Association, would be practicable, composed of physicians and pharmacists of the United States, and organized upon a co-operative basis, as follows:

The organization should be incorporated under State and Territorial laws, by the name, style, and title of "THE PHYSICIANS' INSURANCE ASSOCIATION."

All practitioners of Homœopathy who are graduated physicians and pharmacists, in good professional standing, shall be eligible to membership, without regard to age, sex, color, or health. (Eclectic physicians also might be made eligible, in localities where there are few homœopathists.)

In the event that the profession in a majority of the States and Territories shall deem it expedient to form such an association, and have a death benefit fund in common, such State or Territorial Association shall each thereupon become sovereign within its own boundaries.

Such State associations shall be known as Chapters, and each Chapter shall be entitled to elect annually from among their membership, one representative to a national or supreme body, which shall be known as the Supreme Chapter, and said Supreme Chapter shall meet in annual session at the same time and place as The American Institute of Homœopathy.

APPENDICITIS AND THE GRAPE SEED.—Dr. J. D. Bryant says (*Medical Record*, New York), that he had the appendix examined in one hundred and fifty autopsies, and in not one was it found to contain grape seed or any other foreign body except inspissated fæces or muco-pus. He says also that "eminent surgeons had operated for appendicitis after weighing all points, and found that appendicitis did not exist at all."—*Texas Medical Journal*.

THE *Medical Century* has removed from 31 Washington Street, to 161 Oakwood Boulevard. Mail and express matter should be addressed accordingly.

THE CHILDREN'S HOMŒOPATHIC HOSPITAL, OF PHILADELPHIA, has just elected three new resident physicians for the ensuing year: Dr. Herman A. Newbold, chief, and Drs. H. C. Hunsicker and Frank Sraganga, associates.

Last year there were 22,997 applicants for relief at the various special clinics in the Out-Patient Department, and the resident physicians made 3,263 visits. One hundred and eighty-four children were cared for in the wards. The institution recently received a legacy of \$15,000 from the late Walter Garrett, a patient of Dr. Bushrod W. James and of Dr. M. D. Youngman, while residing in Atlantic City. Mr. Garrett also left a legacy of \$50,000 to the Hahnemann Hospital, of Philadelphia.

THE MEDICAL EXAMINER has removed to new and commodious offices at No. 78 Reade St., New York. The Editor says: "At this address we shall ever welcome our friends who call upon us. To our out-of-town correspondents and patrons, who occasionally visit the metropolis, and to Medical Examiners in general, we tender the use of the facilities our new office affords

whenever they can be made available. There are desks at your disposal, long-distance telephone, good messenger service, and a competent stenographer if you require one. We are one block from Broadway, and just above City Hall Park. Drop in on us at first opportunity; always some one to receive you."

PORTRAIT OF HAHNEMANN.—Having been enabled by chance, in Paris, to come into possession of the last copy of the portrait of the justly celebrated Dr. Samuel Hahnemann, by Maurir, the officers of The San Francisco Homœopathic Polyclinic have caused to be executed by one of the leading lithographers of the Coast, a fine and greatly enlarged tinted lithographic copy of the same, and are thus able to reproduce this admirable likeness at a minimum cost, and this Polyclinic is now prepared to furnish to the profession, by mail, properly packed in a mailing tube, on receipt of \$1.00 each, this well-executed (19x24) portrait of the Master. Apply to D. Albert Hiller, M. D., 220 Montgomery Avenue, San Francisco, Cal.

AMERICAN MEDICAL PUBLISHERS.—This Association held its second annual meeting at the Eutaw House, on the 6th and 7th of May, with the following in attendance:

Dr. J. C. Culbertson, Cincinnati, Ohio; Miss Dora Jones, St. Louis, Mo.; Dr. John C. Le Grand, Anniston, Ala.; Dr. C. F. Taylor, William B. Saunders, Philadelphia, Pa.; Miss Hackedorn, Toledo, Ohio; Dr. F. E. Stewart, Detroit, Mich.; J. MacDonald, Jr., Irving J. Benjamin, Dr. Ferdinand King, Dr. H. P. Fairchild, New York City; Dr. R. W. Lowe, Bridgeport, Conn.; Dr. W. C. Wile, Danbury, Conn.; Dr. H. M. Simmons, Dr. William B. Canfield, Baltimore, Md.; H. A. Mathie, Dr. A. H. Ohman-Dumesnil, Dr. I. N. Love, St. Louis, Mo.; Dr. Landon B. Edwards, Richmond, Va.; Dr. Hudson, Austin, Texas; Dr. William F. Bartlett, Philadelphia; Dr. T. D. Crothers, Hartford, Conn.; Dr. Gilbert I. Cullen, Cincinnati, Ohio; Dr. Henry S. Upson, Cleveland, Ohio; Dr. E. E. Holt, Portland, Maine; J. M. Grosvenor, Jr., Boston; Charles Wood Fassett, St. Joseph, Mo.

Nineteen new members were admitted and questions of the day affecting medical publishers were profitably discussed.

Beginning with July 1st, a monthly bulletin will be issued for the benefit of members of the Association. It is to be edited by Drs. P. H. Fairchild, J. MacDonald, Jr., and Ferdinand King, New York City; Dr. J. C. Le Grand, of Anniston, Ala.; and Charles Wood Fassett, of St. Joseph, Mo.

The Secretary was authorized to issue in pocket form a revised list of medical advertisers.

Upon invitation, the Association banqueted with the Medical Editors, on Monday evening.

The officers re-elected were as follows: President, Dr. Landon B. Edwards, of Richmond, Va.; Vice-President, Dr. H. C. Culbertson, Cincinnati, Ohio; Treasurer, J. MacDonald, Jr., New York City; Secretary, Charles Wood Fassett, St. Joseph, Mo. Dr. J. C. Le Grand and Irving J. Benjamin were elected on the Executive Board.

RATIONAL THERAPEUTICS OF CHOLERA INFANTUM.

BY GUSTAVUS BLECH, M. D., ST. LOUIS.

No strict rules can be given for the treatment of disease. It is for this reason that so many physicians say we do not treat a disease, but we treat an individual. True enough, we treat the individual, but what we have most of all to consider is the disease. The individual will dictate us alterations and modifications in our treatment.

A general plan of treatment may be outlined, however, and I will try to do so in regard to one of the most fatal diseases of babyhood—cholera infantum. There is a certain philosophy in therapeutics which I would frame in the three following rules: First, remove if possible the disturbing causes; second, treat symptoms which *per se* are liable to endanger the life of the patient; and third, sustain vitality.

As said before, the therapeutics, which is based upon the ætiology and pathology of a given case is the only one to be employed.

Now, the ætiology of cholera infantum is not so obscure as asserted by a good many authors. Whether or not of microbic origin, one thing is sure—it is due to a chemical decomposition of food, causing an inflammatory condition of the digestive and alimentary canal.

Clinical experience, furthermore, shows that this disease is of a grave character, producing death in a large proportion. Heat *per se* is not the immediate cause of this disease, but it influences its course considerably. Therefore, gastric or intestinal disturbances in summer demand a closer attention than those which occur during the colder season. Cholera infantum is a disease met even in the palaces of the rich, although not so often as in the tenement houses of the poor, which fact proves again that bad air, filth, and lack of ventilation are also of a predisposing influence, as well as an obstacle to a quick cure. The mortality in the tenement houses is larger than that of the richer parts.

If we consider the aforesaid, we shall, first of all, as regards the treatment of this disease, have to restrict diet.

As soon as called to a case of cholera infantum, prohibit for the first day any food whatever. Mothers have no right to nurse the little patient either. Strict instructions must be given in that direction, because the timid mothers are often inclined to quiet the crying babies by putting them to the breast.

Remedies are of very little value. Beginning with calomel, salol, and all the newer antiseptics, finishing with subnitrate of bismuth—they have all proved a failure, for none of them work quickly enough.

The treatment as outlined by Dr. Elmer Lee, of Chicago, in his cases of

RATIONAL THERAPEUTICS OF CHOLERA INFANTUM.

typhoid fever, proved a success in my hands during last summer, and under this treatment I have lost only one patient out of twenty-three, while the monuments of my skill exercised during the year 1893 are decorating the cemeteries of the State of Connecticut.

So far as I knew, the best antiseptic (which has also a strong tendency to reduce local inflammation) was peroxide of hydrogen (medicinal) until hydrozone was used by me. Hydrozone being twice as strong as Marchand's peroxide of hydrogen (for economical reasons), the latter drug is preferred by me. This remedy can be administered internally as well as externally.

I add a teaspoonful of hydrozone to a pint of water for washing out the stomach. The vomiting ceases after the first washing as a rule. If necessary, this procedure can be repeated. If the vital power of the little patient is not too low it can produce no harm. But in every case, no matter how far advanced, I do not omit an irrigation of the bowels, for which purpose I use a soft rubber catheter attached to a common bulb syringe. The catheter is introduced as high in the colon as possible. It is unnecessary to say that the water must first be sterilized. I do not agree with Dr. Lee in using hot soap water. On the contrary, I use cold water, and add to each quart about two ounces of hydrozone. The improvement after the first or second irrigation is marked. If necessary, these irrigations can be repeated every two hours.

If the fever is very high, and if the irrigation of the bowels does not reduce it, the whole body should be washed with alcohol.

The diet for the next twenty-four hours should be very light indeed. Sweet, strong Russian tea is all I allow.

Each individual case will teach us when food can be allowed again.

Since the adoption of this mode of treatment I have met with the most remarkable success, and no honest practitioner should refuse it a trial.

THE HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

Vol. XV.

JULY, 1895.

No. 7.

EDITORIAL.

APOLOGY NUMBER TWO.—The editor regrets that he must again disappoint his readers in the editorial for this month. The subject intended for this number is *Arsenicum-album*. Unfortunately the claims upon his time of patients who are desperately ill and need unremitting attention have compelled him to set aside every other consideration. Moreover, *Arsenicum* is a drug that requires much care in its preparation, and this it is not likely to get at present. Finally, even if it were ready for the printer, it would be impossible to find a place for it on account of the large amount of other material that requires presentation to our readers.

INTERSTITIAL FIBROID OF UTERUS.

53 WEST 45TH ST., NEW YORK, N. Y.

MAY 15th, 1895.

TO THE EDITOR OF THE HOMŒOPATHIC PHYSICIAN :

In the published volume of *Transactions of the International Hahnemannian Association*, 1894, page 188, middle paragraph, occurs the following :

"Again, we have hereditary conditions in which we cannot trace the cause to any special miasm. Here with *Tuberculinum* in a very high potency, based upon the symptoms given by Bur-

nett, I not only stopped the growth of a large interstitial fibroid of the uterus, but it is slowly disappearing. This case has been examined by some of the best surgeons of our school, among them Dr. Carleton, of New York, and considered incurable. Two years ago the patient was confined to her bed a good deal of the time. Now she looks after all her household cares unassisted. The growth followed the suppression of a leucorrhœa by medicated injections, the nature of which could not be ascertained."

Attention is called to the following correction of the above: I recollect the case, and my opinion of it given at the time of examination. Instead of considering it incurable I advised that the patient should be kept constantly under homœopathic treatment until the menopause should have been passed (the woman was already middle-aged), when absorption and recovery would probably follow.

Feeling sure that all concerned will be glad to have a slip of the pen set right,

I am, yours truly,

EDMUND CARLETON.

SOCIETY OF HOMŒOPATHICIANS.

The first annual meeting of the Society of Homœopaths was successful in every particular. It was held at the Oriental Hotel, Manhattan Beach, June 26th and 27th.

The papers were interesting and the discussions most instructive. One thing was to be regretted, there was no stenographer present to report the proceedings, and, as is usually the case, the remarks and discussions were fully as important as the papers, if not more so.

This will be remedied at the next meeting, at which a stenographer will be present.

The two Bureaus of Homœopathic Philosophy and Clinical Medicine were well represented by papers of thought and experience. An especially able paper was that by Dr. Thomson, Chairman of the Bureau of Homœopathic Philosophy. It will be enjoyed by readers of *THE HOMŒOPATHIC PHYSICIAN* when it appears in its pages.

There was a unanimous opinion that the meeting was not long enough, and it was decided that next year three days would not be too much for the sessions of the society and for the social intercourse which is one of the most delightful parts of these yearly gatherings.

The society adjourned feeling that its first attempt was a great success, that a home was established for pure Homœopathy, and that next year the meeting would be even more enjoyable. K.

PRIMARY, INDIFFERENT, AND SECONDARY EFFECTS.

A. McNEIL, M. D., SAN FRANCISCO, CAL.

The following contains a point on the question of potency that I have never seen or heard, and that I think is one that should not be overlooked. It is from *Die Homœoptus*, by Prof. Gustav Jaeger, page 26: "In a certain dose the size of which depends on the effects of the drug—*i. e.*, in some it is large, in others very small—it produces no perceptible changes in the physiological functions, viz.: that which we may call the *indifferent* or neutral dose, on both sides of this indifferent dose there lies what I have called the quantitative antagonisms of drug action. If we give more than an indifferent dose there appears after a transitory exciting effect (acceleration of certain vital processes), a decided depressed action (a slowing of certain vital processes), and a group of phenomena which we designate as poisonous arise, and these are the more intense the larger the dose or the more concentrated it is until it becomes a lethal one which is a total paralysis. On the other hand, if we administer the drug in a dose smaller or less concentrated than the indifferent one then the physiological effect is a pure excitatory one compared with the primary effect which the drug produces in a poisonous dose, and as with the increase of the concentration the depressive effect increases, so increases on the other hand with the decrease of the dose—*i. e.*, with the increase of the dilution, the excitory effect."

SOCIETY OF HOMŒOPATHICIANS.

MEETING OF 1895.

FIRST DAY. MORNING SESSION.

ORIENTAL HOTEL, MANHATTAN BEACH, N. Y.

Wednesday, June 26th, 1895.

The first annual meeting of the Society of Homœopathicians was called to order by the Secretary at 3 P. M.

Dr. Edmund Carleton was elected Chairman.

The minutes of the last meeting for organization were read and approved.

Report of Secretary, S. A. Kimball, M. D.

Nothing of importance has occurred during the year with which you are not already familiar. It must be evident to all of us that we have made no mistake in organizing a new society and in establishing a home for pure Homœopathy. The necessity for it seems to be more and more apparent as time goes on. Our society will depend upon the efforts of its members for its usefulness, and if each of us will do his share of the work and present papers at each meeting for discussion there will be no question as to the success of our undertaking. I have nothing but routine business to report.

Report of Treasurer, F. S. Davis, M. D.

Frank S. Davis, Treasurer, in account with the Society of Homœopathicians.

DR.

To cash received for dues,	\$80.00	
“ “ “ interest,	1.29	
		<hr/> \$81.29

CR.

By cash paid for printing,	\$19.25	
“ on hand,	62.04	
		<hr/> \$81.29

It was moved and carried that the reports of the Secretary and Treasurer be accepted and approved.

The Committee on the Seal, Dr. Thurston, Chairman, presented a design which was accepted by the Society.

Dr. Thurston presented an amendment in writing to strike out Sections V and VI of the Declaration of Principles and the last four words of Section IV.

Dr. Biegler presented an amendment in writing to substitute "and" for "with" in the second line of Section VII of the By-Laws.

Dr. Thomson presented an amendment in writing to change "charges in writing" to "written charges" in Section XIII of By-Laws.

BUREAU OF HOMŒOPATHIC PHILOSOPHY.

J. W. THOMSON, M. D., CHAIRMAN.

THOUGHTS ON THE PHILOSOPHY OF HOMŒOPATHY AND CORRELATED SUBJECTS.

BY J. W. THOMSON, M. D., CHAIRMAN OF THE BUREAU OF
HOMŒOPATHIC PHILOSOPHY OF THE SOCIETY
OF HOMŒOPATHICIANS.

[Read at the Annual Meeting, Oriental Hotel, Manhattan Beach, June, 1895.]

PREFACE.

We cull from *The Genius of the Homœopathic Healing Art*, being part of the preface to the second volume of *The Materia Medica Pura* (1833), by Dr. Christian Friedrich Samuel Hahnemann, translated by Dr. Adolph Lippe, and published in *The Organon*, p. 246, *et seq.*, July, 1878, the following :

"The life of man * * * cannot be compared with a wheel-work, with a hydraulic machine, with chemical processes, with decomposition or formation of gases, with a galvanic battery, or with anything inorganic."

“Life is in *no respect* controlled by any physical laws, which govern only inorganic substances. The material substances composing the human organism are not governed in their living composition by the same laws to which inorganic substances are subjected, but they follow solely laws peculiar to their vitality; they themselves are animated and vivified, just as the whole organism is animated and vivified. Here reigns a nameless all-powerful fundamental force, which suspends all forces of the constituents of the body inclined to follow the laws of pressure, collision, depression, fermentation, and decomposition, and only this force guides and governs by the wonderful laws of life; that is to say, it maintains the necessary conditions for the preservation of the living whole in sensation and action, and that in an almost spiritual dynamic condition.

“As the organism in its normal condition depends only on the state of its vitality, it follows that the changed condition which we call sickness must likewise depend not on the operation of physical or chemical principles, but on originally changed vital sensations and actions; that is to say, a dynamically changed state of man—a changed existence—through which eventually the constituent parts of the body become altered in their character as is rendered necessary in each individual case through the changed conditions of the living organism.”

This language of Hahnemann involves the most deep, profound, and far-reaching philosophy.

While keeping our feet on *terra firma* we soar into regions of which the materialist can have no conception while he remains engrossed with the husks of things.

As the stories of a house so may we say are the regions of the mind. Some are content to dwell in the basement and cellar. They have a certain kind of pleasure, with which they appear content. Could they be persuaded to open the doors and windows of these higher regions of their mental house they would begin to see broader and deeper correspondential relationships between themselves and nature than they had conceived of. Like one who had always lived in a dungeon, when their mental sight became accustomed to the brighter light and broader vision

and the mold, mustiness, and earthy smell on themselves and their garments gave place to the sweetness of the purer air and clearer light, they would begin to breathe more deeply and have a desire for finer pabulum than had hitherto contented them. It would be like a new birth of mental, moral, and spiritual relationships of which they had no conception.

To this feast of fat things we invite all who love the truth for its own dear sake. 'Tis sad, indeed, to see so many groping in the gross outer darkness of mere materiality. The road at first will be very hard to travel, and they may wish themselves back to their old haunts, comforts, and flesh-pots. For a long time it will be no bed of roses; but toilsome, narrow, and difficult the path to attain that which will ultimately crown them, not with worldly advantages, but with a spirit with itself content, springing from noble uses in lieu of injury, or at best, negative results in their professional career.

About the last *ignis fatuus* they eagerly followed was the antitoxin craze. They fell over one another to get at it. A leading New York daily headed a subscription list with one thousand dollars, and the poor horse was tortured in the supposititious interest of humanity. All this would be amusing if it were not so sad. Some undoubtedly lost their lives from the injections. Many had their blood poisoned, entailing future susceptibility to disease.

Then, at a stated meeting of the New York Academy of Medicine, April 4th, 1895, one of the members, whose name we honor, took the bull by the horns, or rather showed conclusively the fallacy of the last red herring that had been drawn across their trail. And the whole business collapsed. And thus will it ever be—as it ever has been—while they attempt to treat this, that, or the other disease in detail and from apparent external causes, instead of searching for the law that is correlated to every disordered condition that can possibly affect humanity.

In support of the view that the law of cure has been discovered, and that *similia* is that law, we invite your attention.

NEW YORK, June 26th, 1895.

THOUGHTS ON HOMŒOPATHIC PHILOSOPHY.

"Wisdom is the principal thing; therefore get wisdom: and with all thy getting get understanding.

"To investigate Nature by her own light * * * without some previous and commanding doctrine of man, connecting her with God, is like putting to sea without a compass."

There is no subject having reference to human welfare in this world, and our capacity for use to ourselves and to others of greater value and importance than that of medicine. The necessity for its use may be said to be universal. Between the cradle and the grave there are very few, if any, to whom its right administration would not be useful.

In this age of discovery and invention everything is on the move. A machine or instrument to shorten labor and increase production is brought forth, and straightway thousands are enabled to enjoy what hitherto had been the privilege of a small number. A continent is discovered or opened that gives to teeming millions opportunities for life and progress never before dreamed of. A law only vaguely thought of or desired by some patient, plodding student in the realm of mind is conceived, and though he bring not silver or gold from the storehouse of thought, ennobled by the love of use to his fellow-man, he brings what shall be of infinitely more value—the knowledge of law to improve, to elevate, and to bless humanity. Never did discoverer bring nobler gift than we here present; a gift that shall be the means of restoring order to this human organism, making it a suitable habitation for the mind; a house of order, in which and through which all the faculties—intellectual, moral, and spiritual—may obtain fruitions of development never before conceived of. This, and more than this, Hahnemann was the means of doing when he discovered Homœopathy.

But truth, mercifully, never forces itself on the human mind. We are free to accept or to reject; and we are also free to only partially accept. Between cordial acceptance and absolute denial there are many stages and degrees. We are also free to twist, gnarl, or deform the truth, as imperfect glass distorts the

forms of objects which pass through it to the eye. We may also defame, even while partially using, and mix it with the errors in which we were brought up or have acquired. There are those who remain in the old camp, joining loudly in the chorus against the new, yet secretly trying to reap whatever advantages it may bring. For a long time only a few earnest, faithful souls, in love with the truth for its own sake, will accept and strive to use it in all its plenary fullness.

Probably the first thing that led to the conception of the Homœopathic law in Hahnemann's mind was in translating Professor Cullen's *Materia Medica* in 1790; that to him we will assume was the same as the fall of the apple to Newton. In 1805 he published two volumes in Latin on the power of drugs—*i. e.*, their effects on the healthy body. Then Homœopathy was born, although not christened until 1807, when he first used the word "Homœopathic" in Hufeland's *Journal*. Eighteen hundred and ten has been said to be the birth-year of Homœopathy, because that was the time of the first edition of *The Organon*. But we opine that infants do not give the most profound statement of principles, and rear a philosophy thereon at birth; therefore Homœopathy was a stalwart boy at least by this time.

Hahnemann saw that there must be a history of drug-action on the human organism that should "a round, unvarnished tale deliver" free from all physiological or pathological technicalities that might cloud or obscure phenomena; that no matter what so-called advances there might be in the kindred sciences that are the hand-maidens of the healing art, that that God-given science and art should forever stand on an impregnable foundation. Henceforth for those who desire and love the truth there was no more confusion and chaos in the therapist's art: it was no longer a tangled skein of doubt and uncertainty. They read no longer like—

"An unpracticed swimmer, plunging still
With too much labor, drowns for want of skill."

Unfortunately it is their patients who drown when the allopathic doctor will not accept and strive to live up to the light of *law* that hath come into the world.

It might be well to outline some brief definition of what we understand by natural law. Many definitions have been attempted. William Sharp, M. D., F. R. S., in a brochure on the *Principles of Homœopathy*, thus defines it: "It is to be understood to be the will of the Creator in the physical government of His own works." Our only objection to this is its lack of clearness, definiteness. We ask what is meant by the *will* of the Creator? People have many and diverse views of the Divine Will. Recently we heard a minister in a sermon speak of God the Father, Son, and Holy Ghost as sitting on three thrones before the creation and consulting as to how they were to proceed. Many have the idea of creation as the exercise of arbitrary power on the part of the Divine Being.

What, then, do we understand by natural law? We venture the following definition:

The orderly government of the natural universe by the Divine Being, through and by discrete degrees.

While this expresses our thought there may be some who do not reach our meaning. For greater clearness, we briefly explain. So far as the human mind can apprehend the Deity, as revealed, He is infinite Love, Wisdom, and Power; just as a man, finitely, when in order, is affection and intelligence, and from these performs the uses of his life.

"And well it stamps the Human Race,
And hence the gift TO UNDERSTAND,
That man within the heart should trace
Whate'er he fashions with the hand."

Just as the mind through the brain, the heart, and the lungs, in series and degrees, makes this human form with all its God-given powers and adaptability, we reach above and beyond the conception of mere arbitrary fiat to adequate first cause, that finds orderly correspondential expression. Thus, and not otherwise. The only, and therefore the best possible. The Infinite from His own absolute fullness and power created the universe and all that therein is, as the finite expression of Himself and man as the complement and *summum bonum*, in His own image and likeness. Seeing that creation is continual preservation, He is now creating momentarily; as the

orderly human mind is ever by mental and physical appropriations, differentiations, and rejections sustaining the body ; as the natural sun is ever creating and sustaining the natural world. It may now, we think, be more clearly seen what we understand by *natural law*, which we further explicate, as :

The constant and unvarying expression of the Love, Wisdom, and Power of the Infinite, through suitably created mediums in the ultimate or lowest—*i. e.*, the natural plane of existence.

A science must be capable of infinite progress in each of its elements, without infringement of its integrity. And within its own domain it must provide for the prediction of future events. Thus, the recent discovery of Argol has not shaken our faith in the law of chemical affinity, neither could it if a dozen new elements were discovered in the atmosphere. We still predict that given certain elements and the corresponding phenomenon is inevitable.

This is beautifully expressed by the late Dr. Carroll Dunham : “ Given the therapeutic law and a certain series of phenomena of natural disease to find the corresponding series of phenomena of drug disease.”

Each of these may be pursued separately ; the former as pathology, the latter as pathogenesis.

Now, inductively there can be no end to the progress of the elements that meet to form the science of therapeutics. All the modern progress in the knowledge of pathology has not altered and cannot alter the mutual relation which the totality of the symptoms of disease bears to drug-action. The wider, deeper, and more thorough the vista we have of pathology, the firmer becomes the basis of our synthesis for the science of *similia*, and hence, *nota bene*, ever the more must we firmly, unflinchingly adhere to the strictest individuality in our treatment, never forgetting that each patient must be studied as a diverse entity, and that the expression of each disordered state has individual peculiarities it is our province to ascertain ; and our success as healers can only be assured in the measure in which with singleness of purpose we earnestly keep this thought before us.

Disease cannot be treated by nomenclature, just as you cannot reason from chemistry to gravitation. It is quite correct to give a certain array of disordered conditions a name, such as measles, diphtheria, ague, pneumonia, etc. The error begins when we make diagnostic classification also do duty therapeutically and assume that because our diagnosis is accurate, therefore we are on the way to true treatment, and have only to select the remedy or mixture available for the disease before us. The true thought is, that disease is as varied in its expression as the individual; thus, when we proceed from diagnosis to therapeutics, we enter a new field of study and must begin *de novo*, as we do when we pass from the consideration of normal to that of abnormal conditions. Each patient must be studied as an entity differing from all others, and the remedy must be in correspondence with the patient *per se*. Hence the crazes to find remedies for this, that, or the other disease by name are simply the pursuit of shadows forever eluding the grasp, and have no more foundation in reason than the chasing of a rainbow to get the bag of gold at the end of it.

Hahnemann cured seventy-two out of seventy-three typhus patients at Leipsic. And it was doubtful whether the seventy-third patient died of the disease or of old age. Dr. Adolph Lippe treated over 150 cases of scarlet fever, in 1859, at Carlisle, Pa. **MORTALITY, NONE.** The allopaths lost ninety per cent., and the survivors were crippled for life. (See *Cincinnati Medical Advance*, 1876, Vol. III, p. 544.)

In 1871 and 1872 Dr. Lippe also treated a large number of cases of small-pox in Philadelphia, using the higher potencies of the homœopathic remedies solely, and made no external applications whatever; did not lose a case and **NOT A CASE PITTED.** (*Homœopathic Times*, 1877, Vol. V, p. 187.)

Thousands of cases showing the overwhelming advantages of pure Homœopathy might be adduced, but time and the necessity for brevity forbid. We only wish to emphasize the fact that the *law of similia* is paramount, and the only true guide to therapeutic practice. Those who have the education, the special ability and talent, and whose minds trend toward the love of

truth for its own dear sake and wish to practice it, may know whereof we speak. But there is no royal road to this or to any true knowledge. It is not sporadic, like the elixir of life, anti-toxine, or the scores of things that, like Jonah's gourd, grow in a night and are short-lived as the ephemera. It demands singleness of purpose and long years of patient thought and toil to attain these blessed results; but being attained, we reach a continent of supreme use, wherein dwells the love of humanity.

There is no wonder that Hahnemann, having his car of uses tethered to the horses of his intellect by the golden chains of the love of use, should soar into the empyrean where are the higher regions of the mind, and strive to see the connection of things as they abide in their *causa causans*, the world of mind. He speaks of the light of Jupiter fading before the god of day as an illustration of the weaker, disorderly disease fading before the more powerful dynamic remedy. It has been said that this is only speculation, and that they are not parallel cases. But we know from actual experience that the remedy does drive out and disperse disorder; must it not by parity of reasoning be stronger than that which it subdued? True, it allies itself with the nerve centres to perform its mission of love; but the nerve centres are in the toils, and alone cannot pursue the fight. So the light of Jupiter, being without heat, is hidden when the greater light of the sun, burning with the loves of uses, makes its appearance.

We cannot give up one jot or tittle of the claims of God's law. When Constantine Hering said: "If our school ever gives up the strict inductive method of Hahnemann, we are lost," he stated the truth with reference to all the renegades of our school. But we will not believe that when the Lord in His own good time has sent His messenger to discover the truth, that He will fail of armor-bearers for His standard. We need have no fear for the law of *similia: in hoc signo vinces*.

Those who aim to practice the God-given law of *similia* in its integrity have been accused of looking upon Hahnemann as a sort of demi-god, and the accusers proceed to say that Homœopathy is not everything, that there are other things necessary, that Homœ-

opathy is all very well in its place. These people assume a sort of judicial rôle, and present the appearance of extreme wisdom and impartiality to those who cannot see through their pretenses. They make loud claims to moderation in all things, and thus by their blind adherents are looked upon as the salt of the earth. There are probably few words that have been more abused in their true meaning than this word moderation. It has been distorted, and made to apply to principle in lieu of conduct, etc. Thus, moderation in matters that have reference to behavior and our relations with the world ; moderation in eating and drinking, are most excellent. But moderation in principle is a deeply-dyed absurdity. Imagine any one claiming to be a moderate mathematician or chemist, or to say that the laws of gravitation act moderately. Yet there are those who claim to be moderate homœopaths. And some even claim to practice Homœopathy or Allopathy as in their judgment may be best for their patients. Those who make such claims must be either densely ignorant or lack principle. "So then because thou art lukewarm, and neither cold nor hot, I will spew thee out of my mouth." When Galilei, Kepler, and Newton discovered nature's laws they made known what were absolute and infallible, without a shadow of variation. And when Hahnemann in the same way, and for the good of humanity, when the time was ripe and man ready to receive of the blessing of this higher law, also discovered the infallible and unfailing law of cure, his mind was intronitted into the light of which he made such blessed use :

"As some tall cliff, that lifts its awful form,
Swells from the vale, and midway leaves the storm,
Though round its breast the rolling clouds are spread,
Eternal sunshine settles on its head."

Yes, in the full knowledge of the claim we advance, we repeat that Hahnemann discovered and understood in its order, usefulness, and beauty, *similia similibus curantur*, and has left to us the way to unfailingly develop the law that has been and will continue to be a blessing to all who may be brought within the sphere of its benign influence. The wonders of the law of cure

may be of use to the mind in other ways besides that of healing, grand beyond expression as this of itself is. It unfolds qualities and uses in mineral, plant, and animal never before dreamed of. Substances apparently inert, so far as medicinal uses are concerned, by division and separation of their crude particles unfold uses to our materia medica of the highest order, uses that were all unknown before Hahnemann discovered this magic wand of law. Thus are we also taught that

“Things are not what they seem.”

A grain of musk will scent a room for years without any apparent diminution. How account for this? There are no known natural laws that will unfold the enigma, and we verily believe none ever will be discovered, because they are above nature and work through and by material forms, as the human mind acts through the body. There must ever and always will be some correspondential and adequate cause—*ex nihilo nihil fit*. Here Hahnemann again gives us a clue to unravel the tangled skein in the terms “dynamic,” “spiritual,” “vital power.” If we burrow in the earth and expect to see the uses of things in external nature, we shall, like the mole, lose our sight. The sight that we deprive ourselves of is of far greater importance than that of the body; it is the perception to see dynamic, vital, and spiritual forces that are the causes of all things we see in nature. The musk is the medium through and by which something in the world of mind finds expression for man. For undoubtedly all things exist for man. Man, the microcosm, includes the gross material macrocosm with spiritual superadded. This will explain many things in nature otherwise incomprehensible. The vitally important consideration for us, as homœopathicians, is that it gives a clue to the philosophy of the law of similars, and shows its universality. It also furnishes a key to many things in Hahnemann’s writings that are a stumbling-block to the mere materialist, and to the Thomases who must see, touch, and handle before they will believe.

“Herbs gladly heal our flesh,
Because they find their acquaintance there.”

But we go much further than this, and in the language of Jonathan M. Sewall we assert :

“ No pent-up Utica contracts our powers,
But the whole boundless continent is ours.”

Humanity is as broad, deep, and boundless as the universe. There is no kingdom that will not minister to him : animal, vegetable, and mineral ; earth, air, and sea wait his bidding for human use ; all find their correlation in him ; without him as their end, cause, and prototype they could not be.

Truth enlarges the mind and broadens the field of vision from whatever point it may be viewed. Thus it enables us to see the infinite diversity running through all creation, no two things ever being alike. Hence, the false doctrine of substitution has no place in the law of *similia*. Every remedy has its own peculiar individuality, and so wide is this range of action it has been found necessary to prove a remedy on different persons in order to more fully give the idea of its range of use. And in the sick we search throughout its whole range of pathogenesis for the characteristic peculiarities of the case, for, although in health a prover might not have exhibited the finer shades of differentiation, yet when disease disturbs the vital force, the patient becomes susceptible to its healing power.

Powerful poisonous doses give no true conception of these finer shades that make for use in disease until the reaction comes and the vital force begins to assert itself, and the extreme violence of the symptoms passes away. Hence, to the therapist strong drugs are of little service. But remedies given in potency to those who are susceptible will give the coloring, the tints, the lights, and shadows that make for use.

On this subject Dr. Hering says : “ Symptoms which arise in provings of the higher potencies are similar to the later effects of the lower or so-called stronger doses.”

As sickness makes for susceptibility, so may it be that those who are violently affected by a crude remedy will give the finer shades on the road to recovery ; when yet in apparent health they may not be among those who would give the peculiar,

characteristic, and valuable shades of differentiation. But we do not recommend any one to take crude drugs even for such a purpose. Serious injury might in some cases result. Neither do we consider it necessary. We have now some hundreds of proven remedies; and slowly, carefully, and systematically, with varying potencies on the susceptible is, we believe, the true mode of procedure.

Remedies have cured when exhibited in comparatively crude form, as well as through a wide range of potencies, from the lowest to the highest. We desire to specially emphasize our belief that the true artist need not resort to crude drugs, and that the best results can only be attained from the administration of potencies.

The late Dr. Carroll Dunham, speaking of the dose, says: "Experience must accumulate before we can discover a law for our guidance."

It seems as though in this instance the gifted doctor had not spoken with his usual clearness. Law is not the result of experience. It is God-given, not man-given. The law must be first discovered, then the more experience accumulates the more may we see the wondrous workings of God's law; the more the mind that is prepared to receive it, sees its use, beauty, and infallibility. The very fact of the learned professor stating this showed that the something he hoped would be discovered could not be a law, but only some mode to guide in the application of a law that had been already discovered. We think the doctor would have seen the force of this statement at once. Remedies have cured in a great variety of potencies, as above noted. It has been found there are cases in which some potencies act better than others. Not necessarily the highest. My own experience is that usually the potency matters little if we get the simillimum. Professor Durham gives instances in which the low acted best. I refer you to his masterly work, *Homœopathy the Science of Therapeutics*.

Mathematical accuracy can never be hoped for, either in the dose or potency. Nor do we conceive it to be in any way necessary.

Another cogent reason is that when we exhibit a potentized remedy, quantity does not enter into our thought. You cannot put into a material balance disturbances of immaterial vital forces. They are not on the same plane of being. When a pellet or pellets are given, what we see is not the remedy *per se*, any more than the material body is not the individual himself. The pellet or liquid is simply the menstruum, the vehicle by which the subtle dynamic force that permeates it, is sent on its mission. That which has been the means of segregation, which carries the remedy on its mission of love, is appropriated to functional or other uses, and carried away.

Again, you cannot weigh or measure psychological or physiological functions. For our present purpose, it suffices to refer to the latter.

Physiology can never be an exact science in the same sense as mathematics or chemistry. The conditions do not admit of it. Who can determine what the exact systole or diastole of the heart ought to be normally; or measure the number and rhythm of the respirations; or define what quantum of brain-substance is used in these varied functions? keeping them in the joy and freedom of health, yet in the golden bonds of harmony and order. They vary under all the different conditions of activity and rest, sleeping and waking, eating and drinking, with every emotion of the mind, and in hundreds of ways that will be suggested by every informed and reflecting mind.

To the true homœopath it is known that the mental and emotional symptoms are of the most importance in the selection of the remedy. Yet these cannot be put in a balance or quantitatively analyzed. How, then, can the question of bulk enter into the problem of the dose? It is relationship. As well try to measure the love you bear your child. The correlation we predicate is diverse. *Similia* is the soul of Homœopathy, and the dose the body. How shall we measure the latter? How would you have your lady love? Just as high as your heart? When the mind is absorbed with the *esse* we conceive of the *existere* as ministrant, giving tangibility, bodying forth, expressing, that it may be a medium of communication with the quali-

ties we love and desire to be conjoined with. The painting in the true artist's mind we wot not of until ultimated on canvas. Even that only as through a glass darkly gives the author's conception; but, if understandingly we study his work we more and more appreciate and admire. But if we only see a piece of fine coloring in a gilded frame, lost to us is the spirit of the master's work; so when the mind is absorbed in externalities, their shape, size, and form, we are liable to lose sight of interior principles and qualities.

This question of dose and potency has with some been such a bone of contention that we will add another thought. Let us assume—and we have cogent grounds for the assumption—that the nerves originate, control, and regulate the functions of the organism. It follows that when the nerves are in order they obey the mandates of the will, and the whole system works in rhythm and harmony. Assuming, also, that in disease the proper mode of cure is to arouse the dormant and disorderly energies of the organism to react against malign influences, as well as against the inroads already sustained, that prevent the nerves giving out their full fruition of healthy use, it necessarily follows that the remedy to be addressed to the nerve-centres must be infinitesimal, because the nerve-cells are themselves infinitesimal. It has been estimated that there are twelve thousand to the inch, and some so small as to be incalculable. It is reasonable to suppose, therefore, that the corresponding remedy to arouse them to act throughout life's domain must even be smaller than the nerves themselves. How otherwise can they be subtle enough to penetrate their recesses and arouse them to healthy activity? Yet we have admitted that cures are sometimes effected by comparatively crude remedies. How shall we account for this? It brings us again to the consideration of the vital force. The tendency of the organism, under nervous control, is to cast off that which makes for disorder. Thus, when too much is eaten or drank, or we become too cold or too warm, or any other disturbance occurs, the excess, if not so great as to cause too much depression, is thrown off, this power of rejection varying with every one.

We opine it to be similar with the remedy: the nerve-cells, by their wondrous power, select and allow to reach their domain only what is necessary, excepting when so much has been presented as to overwhelm them in a greater or less degree. But the greatest good, the highest use, can only be attained when the remedy in its potency is in correspondence with the nerve-cells so as to be attracted along the nerve filaments without let or hindrance. In many ailments we believe that the higher potencies alone can reach the higher and finer nerve-cells. Those who have had long experience well know that the high potencies are more rapid in their action, and cure when the lower, or crude, remedies fail. We observe that some writers, while professing to be followers of Hahnemann, sometimes recommend the lancing of abscesses. We here, therefore, affirm that we have never yet found such action necessary. And for a so-called homœopathician to be considered the leading operator East, West, North, or South would throw grave doubts upon his claims to be a homœopathic purist. A writer who seems to have the faculty of providing the most liberal allowance of sack to the smallest quantum of the staff of life, has the following: "I have often felt that he is too conservative for one so skillful in operating." (*Sic.*) This sop to Cerberus was doubtless dove-tailed in, in the effort to heal over the wounded surgical and other susceptibilities of a *confrère* who really needed consolation; therefore *may* be laudable from certain standards and stand-points, and should not be criticised too severely. Yet, as the attachment of the Damoclean sword that hung over the poor fellow had been so strengthened that there was little danger of its falling on his devoted head, we may be permitted to remark that it would hardly be fair to allow even so good a carver to run amuck, no matter how deft he may be, although that seems the trend of the surgery of the present day. Some such thought and practice is a necessary corollary of the surgery in vogue, otherwise the army of surgeons would find it indispensable to obtain new fields for their vocation, and this might be difficult, in view of the exceptionally lucrative character usually accruing to dexterous chirurgy. So that really the only fault

to be found with the above quotation, is, that—perhaps unwittingly—it puts the matter in rather crude form, and had it appeared in a lay publication, might have caused a sense of *shock* quite natural to those outside of surgical pastures. Hence it may be seen that the cause of the present rage for surgery need not be considered of a very occult character. The *vis a tergo* of a goodly portion—or of a great deal of modern chirurgy was manifest. Not that we would condemn modern surgeons by the wholesale. We know several in whom we have the fullest confidence, and whom we would trust implicitly ; we merely speak of the fashion, the rage for surgery that now unfortunately obtains. Many have the idea that cutting cures. This is a grievous mistake. Operators' measures are sometimes, though rarely, necessary, but they never cure, never eradicate a disordered condition. Medicine, and medicine alone, can do that. It should be clearly apprehended that truth admits of no middle ground ; it will make no compromise. Amalek must be slain, root and branch. Because of our lack of knowledge or limitations, it may be sometimes permitted to do thus and so, as He from whom all law outflows may permit certain things because of the hardness of our hearts. In such case, however, we should admit our own shortcomings, and not throw dust into our own eyes or deceive others. The time will come when surgery will be unknown except for accidents. It is still useful for some congenital deformities, such as hare-lip and talipes, etc. ; yet we believe the hereditary tendencies that produce these may be avoided by previous treatment and the study of the anamnesia in connection therewith, as has already been recorded in the literature of Homœopathy. A woman who had children with hare-lip, after a course of homœopathic treatment, gave birth to a child that did not suffer from that deformity.

And here we would, as a matter of love and duty, interpolate a few words on a subject upon which we feel most profoundly. Recently we received a communication from the American Humane Association on the subject of "Cruelty to Animals." One of the questions propounded is, "Ought it (vivisection) to be wholly abolished and treated as a crime?" This we most em-

phatically answer in the affirmative. We do not believe that vivisection ever gave knowledge that led to the relief of a single human being from pain, or in any way helped to ameliorate human suffering. We firmly believe that this diabolical practice is totally needless as well as dastardly inhuman. We assert that no man who has been guilty of vivisection ought to be allowed to practice as a physician. Imagine any one coming from a torture chamber to see a sick child, or to have a mission to help suffering humanity. How can one who is callous to animal suffering yearn to help his fellow-man? What can be learned from the quivering, writhing flesh for intelligent guidance in the sick? Do the tissues, laid open by the lance, display normal function? Assuredly not. What is the story that a humane mind would read? The only true one of which we can conceive is the palpitating plea for mercy, unheeded by the inhuman wretch who, in the name of a false science, gloats like a ghoul over his fiendish, bloody work. Oh! yes; but the poor brute is unconscious under an anæsthesia. And of course they are always very careful to keep him in that condition! But even were this so, is there no suffering entailed on the poor brute that silently pleads for mercy? But even if stupefied, what lesson can be learnt? Do the tissues and organs display normal function when life is outraged and laid open by the scalpel? We opine not. The only thing we can conceive of is the plea for mercy. O God! that science should be so dear and brutish torture so cheap! There is no option but to take our appeal to the court of our common humanity, even in the interest of these callous human brutes themselves, and prevent the further spread of their heartlessness on other human souls by demanding a national law making this fiendish practice a crime. We cordially indorse the lines by Cowper:

“I would not enter on my list of friends
(Though graced with polished manners and fine sense,
Yet wanting sensibility) the man
Who needlessly sets foot upon a worm.”

The question arises, how ought we to regard this practice of vivisection from the standpoint of the law of *similia*? Our

answer is, worse than useless. Some have attempted to prove remedies on the lower animals, but we do not see that any useful purpose has been served. The most important—*i. e.*, the subjective symptoms, it is obviously impossible to obtain. Neither can we reason from the lower to the higher—from animals to man. Knowledge on a lower plane serves little purpose for higher use, unless illumined from above. Inasmuch, however, as the greater includes the less, when conversant with the higher degrees of thought and being, our range of vision embraces all that is below. Hence, it follows we ought to be able to assist dumb creatures in their needs from the superior light the knowledge of our law vouchsafes, and so it is. Frequently have we been enabled to relieve suffering in animals from our knowledge of the *materia medica*. This is well known, and has been confirmed in the experience of hundreds of physicians who strive to live up to the light of God's law—*Similia similibus curantur*.

WHAT ARE WE TO UNDERSTAND BY THE TERM HOMŒOPATHY?

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When Hahnemann discovered the law of *similia*, he looked about for a name to apply to it that should coincide with the adjustment of that law; hence he adopted the name of Homœopathy, which he took from two Greek words, *omoeon* and *pathos*—*omoeon*, similar, and *pathos*, disease, which he converted into "Homœopathicher."

He makes frequent use of the word in all of his writings to represent the meaning of the law, but nowhere does he use (that I can find) the Latin phrase *similia similibus curanter*; for the word Homœopathischer represents the same meaning, hence it would be using three words to represent one. He does not use the word "ome-on," which many of our friends have made into Home-pathy, which means quite a different thing, but he condemns the phrase in the strongest terms, the attempt to throw out the diphthong, as has been done by those who claim that

Homœopathy is a system and not a law, and by it claim the right to use any remedy or concoction of remedies, and even crude drugs or external applications that may suit their fancy, or the alternate use of remedies, even as many as five or six at a time. They claim that Homœopathy will do in some cases, but in others they have the right to do as they please. Now if one drug is homœopathic to the disease then all of the others are at least superfluous, and do harm to the case and can be of no benefit. This only shows their ignorance, not only of the law, but of its application to the curing of disease.

All remedies have their sphere of action, they cannot go outside of that sphere whether they be a high or a low potency or a crude drug. It must be truly homœopathic to the case in hand or it cannot produce a cure, and much less when more than one drug is used at the same time or in alternation. The extra drug is not only superfluous, but is of positive injury to the other, if it be homœopathic to the case, and destroys the action of the right one.

All of this Hahnemann condemns in the most strenuous manner in all of his writings, teachings, and practice. We all know, who have given proper thought to the subject, that Hahnemann was perfectly right, and that we cannot improve on what Hahnemann has repeatedly told us about following the law; that it must be followed to the letter if we expect to gain the results which he did in making cures. We all know this, and have proved it time and again. Then why should we go "whoring after other gods"? Is it because we are too indolent to take the trouble to learn to apply the law as Hahnemann did and tells us to do if we expect to obtain the results he did? We are perfectly aware that it requires a vast amount of study to make us familiar with the minutiae of drug action, as well as the cumulative action of disease, and if we expect to find a royal road to the knowledge "on flowery beds of ease," then we have made a mistake, and the sooner we look for some other means of a livelihood the better will it be for those in distress who may fall into our hands seeking relief.

Then does it not stand us in hand to unfurl our banner to the

breeze inscribed that we are true to the law, and that upon or under no circumstances will we depart from the ways of truth, let come what may, that it is our light by day and night forever?

THE RELATIVE VALUE OF SYMPTOMS.*

SAMUEL A. KIMBALL, M. D., BOSTON, MASS.

VACCINATION AND SMALL-POX.

SIR THE COMMANDEUR, DR. D. N. BANERJEE, CALCUTTA,
INDIA.

I should like if the editor will very kindly afford me a piece of help by ventilating this subject in his esteemed and widely circulated journal. It was originally published through the medium of a local paper of this town:

"SIR: During this change of season pox of different kinds is breaking out in different localities, which we must accept as the will of God. Does any physician think for a moment that vaccination or re-vaccination or any preventive medicine can check or prevent its appearance or its course? I would, therefore, advise every one not to eat or drink anything which is heat-given, and to keep the health as much as possible free from atmospheric poison floating in the air by warm clothing. I had several cases of small-pox this year, and I got them cured simply by suitable diet (as milk with sago) and without medicine, and the disease has never broken out in an epidemic form in their families. These patients were vaccinated in their infancy with the lymph of the cow, and I can point out many cases in which men are in ripe age and in sound health without vaccination."

I also beg to inform your numerous readers that during the last three or four months the rate of mortality from small-pox in this town is 125 to 150 per week, and they are, I am sure, all vaccinated, as the laws of this country compel them to be. I therefore beg that our government will abolish the practice of vaccination, and that the laws concerning it be repealed.

* See June number, page 250.

SPASMS AND CONVULSIONS.

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Before the Attack.

Abdomen bloated. Cup., LACH.

Absent-minded. LACH.

Air, sensation as of, streaming up back into head. ARS.

Angry, for several days. Bufo.

Belching. LACH.

Chilliness, then heat. HYOS.

Cloud before left eye, then blindness in left eye. Tarent.

Coldness of left side of body. SIL.

Constriction of throat. MOSCH.

Constriction of œsophagus and embarrassed respiration. PLAT

Constriction in pit of stomach. ÆSC-H.

Constriction of throat and chest. CUP.

Contractions, tonic, of muscles. BUFO.

Cough. VERAT-A.

Creeping in the limbs. STRAM.

Creeping sensation from neck down back. LACH.

Chill, intense. Tarent.

Drawing in left arm. Cup.

Drawing in limbs. ARS.

Drowsiness. GLON.

Dull feeling in forehead and vertex. GELS.

Dullness and heaviness in head. CUP.

Exaltation of all powers of body. CAN-IND.

Excitable and irritable, for a day. ART-VUL.

Eyes sunken. BUFO.

Face grayish yellow. BUFO.

Face grows red. CUP.

Face pale. LACH., LAUR.

Feet cold. LACH.

Fullness in region of medulla. GELS.

Gaping. Agaric, Tarent.

Gasping for breath. LAUR.

Goose-flesh. Cup.

Grasps knees and screams. CIC-V.

Grating teeth. Sul.

Headache. IGT., LACH., STRAM.

Hasty drinking. IGT.

Head feels big. GELS.

Head swelled over eyes, suddenly, with horrid pain ; sensation as if. *Tuberc.*

Heaviness in head. LACH.

Hungry gnawing. HYOS.

Heat, burning of whole body. ARS.

Intolerance of bed-covers. MOSCH.

Irregular breathing. *Tarent.*

Jaw, lower, dropping of. LAUR.

Jerks in back of neck. BUFO.

Jerking of left arm. CUP.

Lassitude, and tired. GELS.

Labor pains cease and felt in epigastrium. *Ziz.*

Mouse, sensation as if, running through limbs. SIL.

Mouse, sensation as if, running from solar plexus to the brain. SIL.

Mouse, sensation as if, running up arms. SUL.

Mouse, sensation as if, running up back. SUL.

Numbness of left arm and right leg. *Tarent.*

Numbness, feeling of general. BUFO.

Nausea, followed by chill, gaping, and headache. KALI-BI.

Nausea, headache and loss of appetite, for some days. KALI-C.

Nausea and vomiting. Sul.

Oppression of chest. MOSCH.

Pain, pressing in fore part of head and over eyes. AST-RUB.

Pains, violent in vertex, some days. Sul.

Pains, cutting about heart, and severe chill. PHOS.

Palpitation of heart. Cup., LACH.

Pupils dilated, some days. ARG-NIT.

Respiration, hurried and noisy. CUP.

Restlessness, great. ARG-NIT., MOSCH., ZINC.

Ringing in the ears. HYOS.

Running, sensation as if, something, in the arms. CALC-C.

Running, sensation as if, something, from stomach through abdomen to feet. CALC-C.

Saliva, flow of. CUP.

Screams. CIC-V.

Shaking and twisting of left arm. SIL.

Shrieks, shrill. CUP.

Shuddering, from brain down spine. *Tuberc.*

Sighing. PLB.

Sings and howls out loud. HYOS.

Sleep, deep. *Sul.*

Sparks before the eyes. HYOS.

Speaks unintelligibly. Sil.

Speak, cannot. CUP.

Stopped, sensation as if, everything from right ear to top of head. PHOS.

Swallow, desire to, with spasm of pharynx. CALC-C.

Taste, sour, metallic, in mouth. CUP.

Tightness of chest, and acute pains, as if spasm of heart.

HYDR-AC.

Trembling. Absinth.

Twitching of whole body for days. AST-RUB.

Twitching of arms and legs, few days. NAT-M.

Unconsciousness. ARS.

Upper lip feels cold and stiff. LACH.

Vertigo. ARS., HYOS., LACH., PLB., STRAM., *Sul.*, *Tarent.*

Vertigo, sudden attacks of. CALC-C.

Vomiting of mucus, violent. CUP., CUP-AC.

Vomiting, sudden shriek, then unconsciousness. HYOS.

Vomiting of tasteless water, for some days. LAUR.

Weak, becomes so, cannot turn over alone. Sil.

Weeping and laughing alternately. STRAM.

During the Attack.

Abdomen rises and falls, with rumbling. ARS.

Abdomen puffed up. ARS-s-rub., STRAM.

Abdomen sunken. CUP-AC.

Alive, seems half. CROT-HOR.

Abdominal muscles hard as a board. HYDR-AC.

Abdomen bloated. MERC., NUX-v.

Abdominal muscles retracted. TABAC.

Aching in occiput. SEC-C.

Anguish and pressure in chest. HYDR-AC.

Anguish about heart. LYC., *Tarent.*

Arm, rotary motion of left. *Stram.*

Arms bent at elbow. CIC-v.

Arms thrown from side to side. Cina.

Arms thrown about. *Stram.*

Arms in constant motion. *Sec-c.*

Arms pressed firmly at sides. HYDR-AC.

Arms jerking. IP.

Bites tongue. Absinth., ART-VUL., BELL., BUFO., *Ænanthe*, *Op.*

Bites, tongue and cheeks. IGT.

Bandaged, sensation as if the head were, about forehead tightly.

INDIG.

Belching, much. IGT.

Body, convulsed. Æth-cyn., AGAR., *Tarent.*

Body, bent back and forward, alternately. BELL.

Body, bent sideways. CHAM.

Body, bluish tint. HYDR-AC.

Body, bent forward. HYDR-AC., NUX-V.

Body, bent backward. Absinth., Acon., Amyg., ARS., BELL.,
CALC-PH., CHAM., CUP., IGT., LACH., Medorr., *Nux-m.*,
NUX-v., OP., STAN., STRAM.

Body, bent backward and suddenly snaps forward. STRAM.

Body, cold. CAMPH., CUP-AC., *Ænanthe*.

Body, distorted, whole. NAT-M., VERAT-v.

Body, insensible to touch. CAMPH.

Body, motion, in constant. *Sec-c.*

Body, rigid. Acon., CHLORALUM, *Dros.*, IP., Medorr., *Nux-m.*,
Ænanthe, SEP., STRAM.

Body, stiff. ÆSC-HYP., Bell., CAMPH., CUP-AC., CUP., MAG-
PH., NUX-v.

- Body, shaking. *Ænanthe*, VERAT-V.
 Body, thrown upward. IGT.
 Body, tossed about. MOSCH.
 Body, twisted and turned continually. HYOS.
 Body, twitches. CHAM.
 Body, twitching of, spasmodic. NUX-V.
 Body, twitching and trembling. SABAD.
 Bloody froth at mouth. IGT.
 Breathing hurried and labored. HYDR-AC.
 Cheek, one red, and nose cold. IGT.
 Choking in throat. CUP-AC.
 Closed, left hand, spasmodically. HEPAR.
 Clutches at throat. Bell.
 Clucking noise as from water poured from bottle, from throat
 down to abdomen. CINA.
 Coldness of thighs. CALC-C.
 Conscious. Grat., HELL., HEPAR, IP., MOSCH., NAT-M.,
 NUX-V., PHOS., PLAT., SEP., *Tarent.*
 Conscious but can't move or speak. GRAPH.
 Constriction, spasmodic, of throat. IGT.
 Constriction, spasmodic, of chest. IGT.
 Contortion of muscles. CUP.
 Convulsed, all over. INDIG.
 Cramp in legs. VERAT-V.
 Cramp in left hand. HEPAR.
 Cramping of chest and sense of suffocation. *Sep.*
 Cramps in abdomen and extremities. CUP-AC.
 Cries, sharp, from pains in head. ZINC.
 Cries when moved. MAG-C.
 Cries out. IP.
 Cries, shrill. CUP.
 Cutting around navel. IP.
 Deathly pallor. CHIN.
 Distress in epigastrium. *Lyss.*
 Double vision. CIC-V.
 Drawn up like a ball. CUP.
 Draws limbs together. ARS.

- Ear, right, cold. IP.
Emission of semen. Grat.
Elbows drawn behind back and held there. Amyg.
Elbows pressed into sides. *Stram.*
Endeavors to tear everything in reach. CAMPH.
Eyelids, closed, spasmodically. HYOS.
Eyelids, contracted. TABAC.
Eyelids, paralyzed. HYDR-AC.
Eyelids, paralyzed, upper. Bell.
Eyelids, puffed, upper. Bell.
Eyelids, twitching. CHAM., IGT., *Plat.*
Eyes, blue rings around. CUP-AC., IGT., KALI-BR., *Stram.*
Eyes bloodshot. CUP-AC.
Eyes constantly moving up and down. *Sul.*
Eyes dim. CUP-AC.
Eyes distorted. Cham., HYOS., MOSCH., *Plat.*, BELL., Sil.
Eyes dancing. PHYT.
Eyes drawn to right. HYDR-AC., Ip.
Eyes drawn up spasmodically under lids. ACON.
Eyes fixed. HYDR-AC., *Sul.*, *Tarent.*
Eyes staring. Amyg., CHAM., Cup., HYOS., IGT., KALI-BR.,
IP., LAUR., Sil.
Eyes first open, then shut. Ip.
Eyes expressionless. NUX-V.
Eyes open and shut with sudden force. HYOS.
Eyes half open. OP.
Eyes half open and rolling. *Ceanthe.*
Eyes projecting. HYOS., NUX-V.
Eyes open and immovable. COCC.
Eyes red. KALI-C.
Eyes protruded and glassy. PLAT.
Eyes rotated. *Tarent.*
Eyes snapping. MAG-PH.
Eyes squinting. *Tarent.*
Eyes rolling. CUP-AC., ZINC.
Eyes twitching. STAN.
Eyes sunken. CUP-AC.

- Eyes turned upward. BELL., GLON., LACH., LAUR., OP., PLAT.
 Eyes turned downward. ÆTH-CYN.
 Eyeballs twitching. CHAM., IGT.
 Extremities cold. CAMPH., *Sul.*
 Extremities flexed. BELL.
 Extremities jerking. STRAM.
 Extremities twitching. CIC-V.
 Face, ashy pale. CIC-V.
 Face, bloated and dark colored. HYOS.
 Face, puffed. OP., STRAM.
 Face, swollen. BELL., CROT-HOR., IP., CENANTHE.
 Face, blue. CIC-V., CROT-HOR., CUP., HYDR-AC., HYOS.,
 KALI-BR., *Op.*
 Face, cold. CUP-AC., *Nux-v.*
 Face, livid. AST-RUB., IGT., CENANTHE.
 Face, pale. AST-RUB., CROT-HOR., IP., VERAT-A., ZINC.
 Face, pale and sunken. PLAT.
 Face, distorted. Absinth., BUFO, CAUST., CHAM., CUP-AC.,
 HYDR-AC., IGT., IP., LAUR., NAT-M.
 Face, hot. LAUR.
 Face, bluish red. HEP., IP.
 Face, red. ÆTH-CY., BELL., BUFO, CUP., GLON., GELS.,
 KALI-C., LAUR., *Stram.*, VERAT-V.
 Face, flushed, then pale, then blue. STRAM.
 Face, convulsed. ARS., AUR., CENANTHE.
 Face, sweating. CUP.
 Face, right side paralyzed. CAUST.
 Face, red and pale, alternately. GLON., KALI-BI., CENANTHE.
 Face, twitching. IP., LAUR., MOSCH., CHAM.
 Features, depressed. CUP-AC.
 Feet, cold. CUP-AC.
 Feet, drawn up on buttocks. CAUST., CUP.
 Feet, cannot be touched on. KALI-C.
 Feet, extended. PHYT.
 Feet, twitching. STRAM.
 Feet, contracted, soles of. VERAT-A.
 Fetid breath. KALI-BI.

- Fingers, cramps in. VERAT-V.
 Fingers, clenched. Mag-ph., MOSCH., *Nux-v.*
 Fingers, spasmodically flexed. KALI-C.
 Fingers, spread. GLON., Sec-c.
 Fingers, spread, of left hand. GLON.
 Fever, high. CIC-V.
 Fists, clenched across throat. ACON.
 Foams at mouth. Absinth., ÆTH-CY., ARS., ART-VUL., AST-RUB., BELL., CEDRON., CHAM., CIC-V., CUP-AC., HYOS., IGT., INDIG., KALI-BI., LACH., LYC., Medorr., NUX-V., OP., *Staph.*, STRAM.
 Foams at mouth, large bubbles. HYDR-AC.
 Foam, from nose and mouth, bloody. CEnanthe.
 Flushes of heat, from abdomen to head. INDIG.
 Forearms flexed on arms. HYDR-AC.
 Formication and creeping up left arm. HEP.
 Gasping for breath. LAUR.
 Gnashing of teeth. ACON., CAUST.
 Grasps at head and chest. KALI-C.
 Grasps and reaches with hands. CHAM.
 Grates teeth. Absinth., BUFO, CUP-AC., Fer-mur., HYDR-AC., HYOS., LAUR., *Stram.*, *Tarent.*, Zinc.
 Grimaces, makes. HYOS.
 Grinning features. HYOS.
 Groans or sighs occasionally. HYDR-AC.
 Groaning. IP.
 Hallooing and shouting. CALC-C.
 Hands blue. ÆSC-HYP.
 Hands and nails blue. NUX-V.
 Hands clenched. *Glon.*, LACH., HYDR-AC., PHYT., CEnanthe, *Stram.*
 Hands clenched, but thumbs not drawn in. LAUR.
 Hands cold. CUP-AC., *Nux-v.*
 Hands, contortion of, and feet. Sec-c.
 Hands, alternate contraction of, and feet. Stram.
 Hands, automatic motion of, and head. ZINC.
 Hands open and shut alternately. Stram.

- Hands and feet jerk. CINA.
- Hands and limbs jerked upward. *Glon.*
- Hand, left, and foot and right eyelid in constant motion. LACH.
- Hands thrown above head and become stiff. *Sul.*
- Hands and feet tremble. CAMPH.
- Hands twitching. STAN., STRAM.
- Head drawn back. Amyg., CIC-V., IGT., MAG-C., MOSCH.,
NUX-V., *Stram.*, TABAC.
- Head bent back and sideways. ART-VUL.
- Head, constant motion of, and limbs and body. CHLORALUM.
- Head, alternately bent back and to side. IGT.
- Head, continually thrust to the right, in quick succession. *Stram.*
- Head, moved about from side to side. *Sec-c.*
- Head, nodded convulsively. NUX-M.
- Head, jerked up and down on pillow. STRAM.
- Head, jerked from left to right, and from above down. IGT.
- Head, rubbed steadily on pillow. HYOS.
- Head, rush of blood to. CHIN.
- Head, cannot hold up. CUP-AC.
- Head, trembling. IGT.
- Heart omits every fourth beat. CALC-ARS.
- Heart irregular and feeble. HYDR-AC.
- Headache, constant. LACH.
- Heat in occiput. ZINC.
- Hiccoughing. HYDR-AC., IGT.
- Inspiration short, expiration long and sighing. IP.
- Itching of skin without eruption. *Op.*
- Jaws clenched. Acon., ÆTH-CY., Ant-t., Ast-rub., BELL.,
CEDRON., CUP-AC., HYOS., IGT., MOSCH., *Ænanthe*, PHYT.
- Teeth clenched. Fer-mur., GELS., HELL., HYDR-AC., TABAC.
- Jaw, under, thrust forward. IGT.
- Jactitation of muscles, great. ANT-CRD., ANT-T.
- Jerking, of limbs. ART-VUL., *Sep.*
- Jerking in inner parts. NUX-M.
- Jerking of face. *Sep.*
- Jerking, of head, violent. *Sep.*
- Kicking with legs. IGT.

- Knees drawn up. Amyg.
 Laughing and weeping. ALUM., AUR.
 Left side of body in constant motion. LACH.
 Legs drawn up. Stram.
 Lies on stomach. CAUST.
 Lies on belly and thrusts breech up. CUP.
 Limbs, remain in position placed by others. Stram.
 Limbs, contracted and stretched out slowly. Stram.
 Limbs, continually working. *Ænanthe*.
 Limbs, drawn up to body and then forcibly thrust out. *Nux-v.*,
Sul.
 Limbs, contracted violently. Fer-mur.
 Limbs, alternately contracted and extended. CIC-V.
 Limbs, cold. *Æth-cy.*, COFF-CRD., *Nux-v*.
 Limbs, convulsed. ARS., AUR., BUFO, CUP-AC., LACH.,
 VER-V.
 Limbs, convulsive movements of. Ast-rub., CIC-V.
 Limbs, distorted. BELL., Sec-c., Acon.
 Limbs, extended. Bell.
 Limbs, flexed and rigid. HYOS.
 Limbs, stiff. Bell., CUP-AC., HYDR-AC., LAUR., MAG-PH.,
 Medorr., *Millef.*, PHYT., NUX-V.
 Limbs, move up and down alternately. CHAM.
 Limbs, thrown about. CHAM., CAUST., STAN.
 Limbs, trembling. Caust., CROT-HOR., *Sul*.
 Limbs, twitching. CHINA, *Dros.*, LACH.
 Limb, left, irregular motion of. Cim.
 Limb, right, drawn up, left one perfectly straight. MAG-C.
 Lips, blue. CUP-AC., *Nux-v*.
 Lips, averted and firm. PHYT.
 Lips, retracted and showing teeth. HYDR-AC.
 Lips, twitching. CHAM., IP., Sil.
 Lips and cheeks flabby. NUX-V.
 Loquacity and laughing. HYOS.
 Loquacity, great. STRAM.
 Mental terror. COCC.
 Moaning or groaning. *Sil*.

Motions, angular. HYOS.

Motion, muscles all seem to be in. AMYL-N.

Mouth, blue around. *Stram.*, *Sul.*

Mouth, drawn from side to side. CHAM.

Mouth, drawn to one side. CUP-AC.

Mouth, drawn to left side. GLON., HEP., ART-VUL.

Mouth, dry. CUP-AC.

Mouth, discharge of brown mucus from. IP.

Mouth, open, slightly. LAUR.

Mouth, open. MOSCH.

Mouth, jerking sideways and down. MAG-PH.

Muscles, hard as wood. CIC-V.

Muscles, jerking. CROC-SAT.

Muscles, contracted from toes to thighs. Bism.

Muscle, every, in body, in motion. HYOS.

Nausea. CUP-AC., KALI-BR.

Nausea and retching (sometimes). *Stram.*

Neck drawn to right shoulder. CUP.

Neck stiff. CUP-AC., LACH.

Neck and back rigid. TABAC.

Noise in throat as if being choked. *Ænanthe.*

Noises in ears. LAUR.

Nose itching. MERC.

Numbness of legs. PLB.

Pain and rigidity of muscles of back. LACH.

Pain, intense in forehead. Cedron.

Pain in calves. *Nux-v.*

Pain in abdomen and diaphragm. STAN.

Palms of hands contracted. VERAT-A.

Palpitation. CEDRON., *Sec-c.*

Paralysis of one side and convulsions of the other. BELL.,
STRAM.

Paralysis of muscles of back. CUP-AC.

Pelvis and limbs turned to one side as far as possible. Lyss.

Picking with fingers constantly. ART-VUL.

Pressure in precordial region. CUP-AC.

Pricking and stinging in hands. ÆSC-HYP.

- Praying and imploring. STRAM.
- Pulse, small, hard, and quick. ÆTH-CY.
- Pulse, rapid and weak. Bell.
- Pulse, irregular. CEDRON., CUP-AC.
- Pulse, quick and small. CUP-AC.
- Pulse, feeble. CENANthe.
- Pulse, in long waves. ZINC.
- Pulse, wiry. VERAT-V.
- Pupils, dilated. ÆTH-CY., Bell., CEDRON., CIC-V., HYDR-AC.,
IGT., LAUR., OP., *Sec-c.*
- Pupils, contracted. PHYT.
- Pupils, fixed. ÆTH-CY., Amyg., OP.
- Rattling in chest. Op.
- Resists bending or straightening arms. HYDR-AC.
- Respiration, hissing. TABAC.
- Respiration, rapid. VERAT-V.
- Respiration, imperceptible, almost. *Stram.*
- Respiration, labored. *Sec-c.*
- Respiration, short and rattling. NUX-V.
- Respiration, slow and heavy. *Nux-m.*
- Respiration, suspended. LAUR., MOSCH.
- Respiration, irregular. IP.
- Respiration, interrupted frequently for few moments. CIC-V.
- Respiration, rattling. CHAM., HYDR-AC.
- Respiration, difficult. CEDRON., *Millef.*, PHYT.
- Respiration, stertorous. Bell.
- Restlessness, great. CUP-AC.
- Rigidity of all muscles. CIC-V.
- Rigidity of muscles of neck, limbs, and back. HELL.
- Risus sardonicus. Bell., CAUST., CUP-AC., Medorr., CENANthe.
- Roaring in ears. Plat.
- Rolling of eyes. CHAM., *Sec-c.*
- Rolling of head. BELL., POD.
- Rolls about and bites at those about him, if disturbed. *Stram.*
- Saliva, bloody. BUFO, *Crot-hor.*
- Saliva, ropy at mouth. KALI-BICHRO.
- Salivation, much. MERC., CENANTHE.

- Screams, occasional. IGT.
 Screaming, loud. KALI-BICHRO.
 Shrieks, hoarse. STRAM.
 Shrieks. HYOS., LACH.
 Shocks in the limbs. Ast-rub.
 Shocks that shake whole body. Bar-m.
 Skin cool to touch. IGT.
 Skin, pale and cold. Ant-t.
 Skin, hot. IP., STRAM., ZINC.
 Skin, bluish tint. LAUR.
 Snapping jerks of lower jaw. BELL.
 Spasmodic motion as in coitus. CAUST.
 Spasmodic twitching of lower limbs. HELL.
 Spitting constantly, but no saliva. HYOS.
 Speech impeded or lost. CUP-AC.
 Stares straight before her. ART-VUL.
 Stares wildly at familiar objects. STRAM.
 Stomach distended. CUP.
 Stomach and chest blue. Cup.
 Sticking in throat, sensation as if something. HEPAR.
 Stool, green. HYDR-AC.
 Stool, involuntary. CUP., HYDR-AC., CENANTHE.
 Stool and urine pass involuntary. Art-vul.
 Suppression of secretions and excretions. STRAM.
 Suffocation. OP.
 Suffocation, threatened. HYDR-AC.
 Strength of muscles extraordinary. AGAR.
 Stretches and writhes. ARS.
 Stretching and distortion of head and limbs. Sil.
 Sweat, cold, on forehead. VERAT-A.
 Sweat, profuse. Bufo., SEP.
 Sweat, profuse about head. MOSCH.
 Sweat, unpleasant. CUP.
 Sweat, violent, offensive. Art-vul.
 Talk, incoherent. Kali-c.
 Temperature, low. Chin-sul. (clinical), CUP-AC.
 Tearing hair. Tuberc.

- Teeth chatter. LAUR.
 Throws arms and limbs at right angles with body. OP.
 Throws arms about. LYC.
 Throws body about. Igt.
 Throws himself back. CAMPH.
 Thirst, great. CUP-AC.
 Tears roll down cheeks. HYDR-AC.
 Throat constricted. HYOS.
 Thumbs clenched. ÆTH-CY., CHAM., CUP., CENANTHE., *Sul.*
 Thumbs clenched across palms. GLON., IGT.
 Thumbs drawn in. ARUM-TRI.
 Thumbs retracted. *Staph.*
 Throbbing headache on vertex. HYPER.
 Toes spread apart. GLON.
 Toes flexed. PHYT.
 Tongue swollen. Arum-mac., PLB.
 Tongue trembles. CAMPH., IGT.
 Tongue paralyzed, right side. CAUST.
 Tongue coated and dry. CIC-V.
 Tongue partially paralyzed. CUP-AC.
 Tongue awry. CUP-AC.
 Tongue can't be protruded in straight line. GLON.
 Tongue darted in and out like a snake. LACH.
 Tongue blue and thick. PLAT.
 Tongue hangs from mouth. *Plb.*
 Tongue jerked out. *Sec-c.*
 Tongue lolling. Sil.
 Tongue bitten. *Tarent.*
 Tremor, painful. IP.
 Trembling in bowels. KALI-BR.
 Trembling of whole body, with heat and sweat. LAUR.
 Tries to dash head against wall or floor. TUBERC.
 Trembling and jerking of limbs. APIS, OP.
 Twitching of fingers. CIM.
 Twitching of toes. CIM.
 Twitching of eyelids and eyeballs. AGAR.
 Twitching of cheeks. AGAR.

- Twitching in arms. BELL.
 Twitching in face. BELL., PLAT.
 Twitching of limbs. CHIN-SUL.
 Twitching of one side of body. CUP-AC.
 Twitching of muscles. DOLICH., HELL.
 Twitching of limbs and arms. IGT.
 Twitching of corners of mouth. IGT., PLAT.
 Twisting, head. *Kali-bichro*.
 Unconscious. Ant-t., ARS., AST-RUB., CIC-V., CROT-HOR.,
 CUP-AC., DOLICH.
 Unconscious, without convulsions. CALC-C.
 Upper part of body contorted. CIC-V.
 Upper and lower extremities alternately convulsed. HYOS.
 Urination, involuntary. CUP., HYDR-AC., KALI-BR.

Attacks with

- Alternation of humor. MOSCH.
 Appetite, voracious. Sumb.
 Asthma. IPEC.
 Body bent back. IPEC.
 Breathing, alternation of oppressed. IGT., PLAT.
 Consciousness. CINA, KALI-C.
 Consciousness, but can't move. Cocc.
 Coldness, extreme. HELL.
 Cramp, violent, in lower limbs. Cocc.
 Cramp, violent, in chest. Cocc.
 Cramp, violent, in abdomen. Cocc.
 Cries, or involuntary laughter. IGT.
 Cries. MERC., *Nux-v*.
 Cry, piercing, at each spasm. NUX-V.
 Diarrhœa. CALC-PH.
 Face, tumid. CEDRON.
 Grinding teeth. COFF-CRD.
 Hallucinations. KALI-BR.
 Heat, feverish, with cold hands and feet. CAUST.
 Hiccough. CIC-V., STRAM.
 Hilarity. CROC-SAT.

- Laughter, grimaces and exaltation. CUP-AC.
 Laughter, convulsive. PLAT.
 Mania. VERAT-V.
 Melancholy. INDIG.
 Melancholy, and dread of society. CUP-AC.
 Micturition, involuntary. CAUST.
 Moaning and groaning. LAUR.
 Nausea. TABAC.
 Nausea, continual. IPEC.
 Neck, sense of tight constriction around. CROT-HOR.
 Pain, passing down spine to hips. Lyss.
 Pain, in stomach. STRAM.
 Pain, severe, in back of head. LACH.
 Pain, sudden, violent, in abdomen. CHLORALUM.
 Rage, alternating with. STRAM.
 Screams. Bell., CAUST., CIC-V., CINA, LYC., STRAM.
 Sexual intercourse, excessive desire for. CANTH.
 Sexual excitement. STRAM.
 Shrieks, wild. PLAT.
 Sighing and sobbing. IGT.
 Spasm of glottis. GELS.
 Stools, chalky. CALC-C.
 Sweat, cold. TABAC.
 Swelling of stomach, as if from spasm of diaphragm. CIC-V.
 Stupor. CHAM.
 Talking, rapid and confused. MOSCH.
 Timidity. INDIG.
 Tongue, coated. KALI-BR.
 Tongue, coated and dry. CIC-V.
 Twitching of limbs, followed by unconsciousness. CUP.
 Vomiting. ANT-CRD., CIC-V.
 Yawn, frequent inclination to. IGT.

After the Attack.

- Anxiety in upper abdomen. Ast-rub.
 Beautiful, everything seems, even old rags. SUL.
 Blind in left eye. Tarent.

Breath, cold. CUP.

Breaths, takes deep. LAUR.

Chest, spasmodic constriction of. KALI-C.

Coma, long continued. Tarent.

Cough. VERAT-A.

Crawling sensation in arms. MOSCH.

Delirium. Kali-mur.

Delirium, active, busy with bed-clothes, resents interference from others. HYDR-AC.

Delirious rage, jumping about and striking those about him. ARG-M.

Diarrhœic stool, one, then constipation. CIC-V.

Disposition changed from irritable to mild and timid. INDIG.

Distress in epigastrium. AST-RUB.

Drowsy, but can't sleep. STRAM.

Dullness of head. CUP.

Eructations. Chin-ars., PULS.

Exhaustion. Ars., ART-VUL., Chin-ars., CUP., HYDR-AC., IGT., Nat-m.

Face, deep red and hot. OP.

Faints. Ars-s-fl.

Fever, general. APIS.

Gasping for breath. LAUR.

Hæmoptisis. Dros.

Headache. Cup., LAUR., KALI-BR., Kali-c.

Heaviness in head. Sec-c.

Hungry, asks for something to eat. Stram.

Imagines he is surrounded with friends. HYDR-AC.

Intestines, spasmodic movements of. BUFO.

Lameness. Asc-glab.

Lies on back, draws legs up and spreads them apart. PLAT.

Lies on back for days, unable to speak. Plat.

Moans in sleep. Stram.

Nausea. PULS.

Numb, left side for two days. ART-VUL.

Oversensitiveness of all the senses. MAG-PH.

Pain and pressure, severe in top of head. BUFO.

- Pain, severe in pit of stomach. KALI-BR.
 Pain, cramping in region of womb. *Ænanthe*.
 Paralysis, apparent. ART-VUL.
 Paralysis. CAUST., IP.
 Paralysis, symptoms of, remain. *Plb*.
 Prostration of limbs, great. *Nux-v*.
 Remember, does not, attack. HYOS., IGT.
 Respiration, embarrassed and constriction of œsophagus. PLAT.
 Screams. Cup.
 Shrieks, wild. *Tarent*.
 Sighing. IGT.
 Sleep, short, soporous. AST-RUB.
 Sleep, sound. Bell.
 Sleep, profound. BUFO, Canth., HELL., HYOS., IGT., KALI-BR., LACH., NUX-V., *Ænanthe*, OP.
 Sleep, snoring. BUFO, *Op.*, PLB.
 Sleep. *Dros.*, *Nat-m*.
 Sleep, then pain in front of head. *Op*.
 Sopor. GLON.
 Spots, purple, remain some days. KALI-BR.
 Stupid feeling in head. PLB.
 Stupor. Absinth.
 Sweat, offensive. ART-VUL.
 Sweat, cold. *Chin-ars*.
 Sweat, general. KALI-C.
 Sweat, profuse. IGT.
 Sweat, and heat. CALC-C.
 Taste in mouth sour. *Sul*.
 Talking, laughing, or scolding. HYDR-AC.
 Tears, wipes from eyes. SUL.
 Tenesmus and strangury, painful. HYOS.
 Throbbing, frontal headache. *Tarent*.
 Tightness of chest, and acute pains, as if spasm of heart.
 HYDR-AC.
 Tingling in limbs. *Sec-c*.
 Tongue, cold. Cup.
 Trembles all over. LAUR.

Trembling of right arm. Cup.

Turns and twists till next attack. Cup. (Arg-nit.)

Unconscious. CIC-V., *Ceanthe*.

Unconsciousness lasts. IGT.

Urination of pale urine, profuse. CEDRON., Cup., SUL.

Vertigo. *Tarent*.

Weak. Absinth, AST-RUB., CEDRON.

Weeping. Cup.

Attack begins with

Aura from epigastrium. NUX-V.

Blood rushing to head. CALC-ARS.

Coldness, icy from head down back. ARS.

Coldness, over whole body. *Sep*.

Consciousness, loss of. Absinth.

Consciousness, sudden loss of. HYDR-AC., *Tuberc*.

Convulsions, sudden. APIS.

Cries, loud. *CENANTHE*, OP., ZINC.

Cry, a. LACH.

Cry, a wild. BUFO, Cina.

Dizziness. CEDRON., HYDR-AC., INDIG.

Electric shock. ART-VUL.

Falling. Absinth, BUFO, AST-RUB.

Falling, forward. AST-RUB.

Falls, suddenly, with cries and convulsions. HYOS.

Falls, unconscious. LACH., MAG-C., *Sumb*.

Falls, suddenly, with black face. *CENANTHE*.

Falls, suddenly, as if dead, with pale face. *Stram*.

Fidgety feet. ZINC.

Hands, lameness of. KALI-BICHRO.

Headache and tension in spine. NAT-M.

Jerks, sudden, through body. ARS.

Pain in left arm. CALC-ARS.

Pain in heart. CALC-ARS.

Pain, violent, in epigastrium. GLON.

Palpitation, strong. CALC-ARS.

Pressure from epigastrium to throat, thence to head. *Nux-v*.

Rigidity, with sudden jerks. CIC-V.

Rigidity, sudden. MOSCH.

Screaming. CUP-AC., *Stram.*, *Tuberc.*

Screams, followed by faintness or swooning. HYDR-AC.

Shrieks, dreadful. CAMPH.

Shrieking, sudden. KALI-C.

Sigh, long-drawn, and sinks into unconsciousness. BUFO.

Stiffening, sudden, of body. CHAM., CINA.

Twitching of muscles of face about eyes. HYOS.

Twitching in corner of mouth. IGT.

Twitching of hands, then general convulsions. *Sul.*

Vomiting of food. *Hydr-ac.*

Attack begins in

Arm. Bell.

Extremities, and spreads over whole body. CUP.

Face. *Dulc.*

Face, twitching, spreads all over body. *Sec-c.*

Fingers and toes. CUP.

Left side and goes to right. *Sul.* (Lach.).

Periphery, and extends upward. CUP-AC.

Plexus, solar. BUFO, INDIG.

Plexus, solar, and spreads to brain. SIL.

Toes. HYDR-AC.

Twitching in hands, then general convulsions. *Sul.*

Upper and lower extremities, and spreads to whole body.

Tarent.

Wound, a. LEDUM.

"Part affected."

Arms. ARUM-TRI., CAMPH., *Can-sat.*, Carb-ac.

Arms and trunk. Can-sat.

Body, one-half, other side lame. APIS.

Body, various parts of, at various times. HYOS.

Back, muscles of. HYDR-AC.

Eyes. Acon.

Feet. Art-vul., CAMPH.

Hands. Art-vul., ARUM-TRI., CAMPH.

Jaws, convulsed, in new-born children. CAMPH.

BOOK NOTICES.

SIR FRANCIS BACON'S CIPHER STORY, discovered and deciphered by Orville W. Owen, M. D., Book V. Detroit: Howard Publishing Co., 1895. Paper cover. Price, 50 cents.

The readers of this journal have from time to time read notices of this astonishing work, as the various volumes have come out. For the convenience of those who may wish to refer to these various notices, it may be said that they may be found as follows: June, 1894, pages 163 and 186; September, 1894, page 290; May, 1895, page 246.

The present volume relates the history of Bacon's life at the Court of France; how he met the King of Navarre and confessed to him his heirship to the throne of England; how Navarre sought to escape from the Court of the King of France, by whom he was suspected of intention to raise a rebellion in the interest of the Huguenots, and so was kept a virtual prisoner; how he was frustrated, but succeeded later. Bacon also relates, with remarkable frankness, how he fell in love with Navarre's wife, Queen Margaret, sister of the King of France; how the Queen accepted his love, while her husband was conducting the war against the crown, which had been anticipated by the King.

The whole story is marvelous, but must be read to be appreciated. The important statement concerning this volume should here be made that it was deciphered entirely by Dr. Owen's assistants, to whom he had taught the cipher. This shows that any one can learn the cipher, and is an unanswerable proof of the truth of Dr. Owen's discovery.

NOTES AND NOTICES.

DR. JACKSON'S OBSTETRIC AND GYNÆCOLOGICAL PINS constitute a novel device, simple, effective, and inexpensive to supply long-desired means for securing and maintaining any required position in operations in these departments. Simple in construction, small in size, of ready adjustment, and of assured aseptic possibilities, they are destined to supersede in general use the unwieldy Yoke and all other cumbersome and ineffective appliances for this purpose. They can be carried without inconvenience in pocket, bag, or case; and be, therefore, always at hand when needed, and, no special skill being required in their speedy adjustment, professional aid may, by their employment, be dispensed with in many cases. These Pins, with their attachments, are made of the finest steel, heavily plated with nickel, and are guaranteed not to break. The position



may be maintained indefinitely, and no injury can result from struggles of the patient or through their use in any way. Price, one dollar per set. Obtained of Codman & Shurtleff, 13 and 15 Tremont Street, Boston, Mass.; Otis Clapp & Son, 10 Park Square, Boston, Mass.; Leach & Green, 4 Park Square, Boston, Mass.; Samuel H. Jackson, M. D., 335 Centre Street, Jamaica Plain, Mass.

THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.—This organization had one of its enjoyable and instructive meetings at Watch Hill, Rhode Island, the scene of one of its former sessions. The attendance was good and the enthusiasm at "white heat."

The officers elected were: President, B. Fincké, M. D., of Brooklyn; Vice-President, Mary Florence Taft, M. D., Newtonville, Mass.; Secretary, Erastus E. Case, M. D., Hartford, Conn.; Corresponding Secretary, Wm. P. Wesselheft, M. D., Boston, Mass.; Treasurer, Franklin Powel, M. D., Chester, Pa.; Censors, B. L. B. Baylies, M. D., Brooklyn, N. Y.; A. R. Morgan, M. D., Waterbury, Conn.; C. W. Butler, M. D., Montclair, N. J.; F. O. Pease, M. D., Chicago, Illinois; Alice B. Campbell, M. D., Brooklyn, N. Y.

A full report of these proceedings will appear later.

THE HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA will hold its regular annual meeting at the Pittsburg Homœopathic Hospital, on the 17th, 18th, and 19th of September. The Allegheny County Homœopathic Medical Society, through its Committee of Arrangements, extend to the members of the State Society a most cordial invitation to be present. From indications the number of papers to be presented will probably exceed that of former years, and it is safe to promise that the interest and practical value of the same will certainly repay attendance. Arrangements are being made for social pleasure. The Western Pennsylvania Exposition will be one attraction, and as a special inducement the committee have projected a boat ride on the famous Monongahela River, passing through the wonderful scenery of this beautiful valley. The boat on the trip will pass the Carnegie Steel Company's plant, at Bessemer, whose wonders must be seen to be appreciated, and also touch at Homestead, a place of more than local fame. Passing up the river a number of miles, the party will have an opportunity to view the locks and dams belonging to the Monongahela Navigation Company, returning during the evening. As an accompaniment to the other pleasures of the trip, the committee will provide for the satisfying of the inner man. Particulars of the meeting will be given each member through the annual circular, which will be issued about the 1st of September.

J. RICHEY HORNER, M. D., *Cor. Sec'y.*

THE NATIONAL SOCIETY OF ELECTRO-THERAPEUTISTS will meet in Boston, on September 18th and 19th, 1895. The officers for the year are: President, William L. Jackson, M. D., 685 Boylston Street, Boston; Vice-Presidents, E. S. Baily, M. D., 3034 Michigan Avenue, Chicago, Ill.; F. A. Gardner, M. D., 1016 Fourteenth Street, N. W., Washington, D. C.; Secretary, Clara

E. Gary, M. D., 546 Columbus Avenue, Boston; Treasurer, John B. Garrison, M. D., 111 East 70th Street, New York. The Executive Committee consists of the above officers and William H. King, M. D., 64 West 51st Street, New York, and M. D. Youngman, M. D., 1618 Pacific Avenue, Atlantic City, N. J.

The following are the various bureaus and their chairmen: Bureau of Electricity in Gynecology, Chairman, F. M. Frazer, M. D., 253 West 57th Street, New York. Bureau of Electricity in Diseases of the Nervous System, Chairman, E. P. Colby, M. D., 229 Berkeley Street, Boston. Bureau of General Electro-Therapeutics, Chairman, A. K. Crawford, M. D., 70 State Street, Chicago, Ill. Bureau of Electro-Surgery, Chairman, L. Willard Reading, M. D., 1629 Green Street, Philadelphia, Pa. Bureau of Electricity in Diseases of the Eye, Ear, and Throat, Chairman, Thomas L. Shearer, M. D., 345 North Charles Street, Baltimore, Md. Already many instructive and valuable papers have been promised, and the meeting bids fair to be an important one. All physicians interested in electro-therapeutics are invited to join the Society. Application for membership may be made to the Secretary. The annual dues are \$2.00. A large attendance is expected, as special efforts have been made to render this meeting unusually attractive.

CLARA E. GARY, M. D., *Secretary*,
546 Columbus Avenue, Boston.

CLINICS.—Until September 1st, 1895, clinics will be held in the general amphitheatre of Cook County Hospital, Chicago, every Thursday afternoon, as follows: Medical Clinic, 2-3 P. M., conducted by Prof. F. O. Pierce, M. D. Surgical Clinic, 3-4 P. M., conducted by Prof. L. D. Rogers, M. D. Gynecological Clinic, 4-5 P. M., conducted by Prof. Curtis M. Beebe, M. D.

These clinics are free to visitors and to practitioners residing in Cook County.

THE STANDARD DICTIONARY OF FUNK & WAGNALLS. DESCRIPTION OF THE COMPLETE INDEX.—One feature of this index is a series of notches cut into the edge of the book, with the letters of the alphabet, stamped in gold, on pieces of leather (not paper) placed in the notches exactly at the page where needed. The notches are handsomely colored, and, with the gilding on the dark pieces of leather, present a very pleasing appearance. Another, and an important feature, is the alphabetical printing on the margins of the covers and upon the margins of all pages throughout the book. This complete index enables one to turn to any letter in the book with a single motion, either when the book is shut or from *any page* at which it may be open. If the book is lying with the front cover up, and it is desired to open to any word beginning with G, pass the finger under that letter on the cover, into the notch beneath it, and the book is opened instantly to the position of the open volume. *From this position* one turns in the same way to any letter from H to M. To turn to any letter visible in the notches, as A to F, or N to Z, place the thumb on the letter in the notch, then grasp the adjacent leaves with the fingers, and the book is opened as before at a single motion.

THE HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

Vol. XV.

AUGUST, 1895.

No. 8.

EDITORIAL.

ARSENICUM-ALBUM is one of the most remarkable remedies in the homœopathic materia medica. It is one that, like Aconite, has been much abused, because given recklessly in every case of diarrhœa that occurs, just as Aconite has been given in every case of fever. Yet as was said in these pages of Aconite in fever, Arsenicum "is not the most frequently indicated remedy" in diarrhœa. No derangement of the human system rewards the careful practitioner who minutely and accurately differentiates the symptomatic indications, and prescribes thus the closest simillimum, like diarrhœa. No derangement like diarrhœa so quickly, surely, and completely responds to the simillimum, nor so certainly and vividly brings out the contrast in the condition of the patient "before and after taking" the remedy. But the gratifying result here indicated is not experienced by those prescribers who persistently give Arsenic for every case of diarrhœa that is brought to their attention, simply because it is diarrhœa and because they wish to save time and labor in studying. Perhaps the best book on the treatment of diarrhœa ever given to the profession is the remarkable monograph of Dr. James B. Bell, of Boston. This well-known volume was the means of opening the eyes of many practitioners to the necessity of careful discrimination, and by the vivid portrayal of these differences, enabled so many perplexed doctors to perform brilliant cures.

Another authority who has helped the cause along the same lines as Dr. Bell was the late Dr. P. P. Wells, of Brooklyn, who wrote a remarkable monograph upon diarrhœa, which was published as a supplement to THE HOMŒOPATHIC PHYSICIAN some years ago. Unfortunately this valuable book is now out of print. Both the works above referred to have had an immense influence in checking the tendency to routinism in the treatment of diarrhœa, and thus have given a clearer insight into the actual character of the homœopathic system.

Turning now to the notes of Dr. Lippe's lectures, we find that the first comment made by the lecturer upon Arsenic was with reference to its restlessness. The patient wishes to go from one bed to another and from one room to another. He will try every room and every bed in the house. He may walk the floor for a few minutes, just from restlessness.

Patients sometimes rise from bed during the night and walk the floor to relieve pain. This is not a clear Arsenic indication. The best remedy for this condition is Magnesia-carbonica. The Magnesia patient must get out of bed and walk the floor *to get relief from the pain*.

The Editor, by remembering this difference between Arsenic and Magnesia-carbonica, was enabled, within the last two weeks, to make a brilliant cure of intense backache located in the lumbar region and having a burning, stinging character. The sufferer who, by reason of the severity of the pain, was prevented from sleeping all night, said that she walked the floor all night. Misapprehending the meaning of the symptom and having some other symptoms to influence him, the Editor prescribed Arsenic with only partial and brief amelioration. When she endured a renewal of the attacks, it was made apparent that the walking about was in order to get relief. Magnesia-carbonica was then given with almost instant and permanent cure.

Some years after the lecture upon Arsenicum, Dr. Lippe in conversation with the Editor, referred again to this symptom of walking about, and again made clear the difference, as above stated, between Arsenicum and Magnesia-carbonica. He referred especially to a case of toothache, on the right side of the jaw,

with beating or pulsating pain extending up the right side of the face into the cheek and jaw-bone, over the eye, and into the neck. The patient was compelled to walk the floor in order to relieve the pain and this suggested Magnesia-carbonica, which, being given, was followed by immediate relief.

The restlessness of Arsenicum, we will repeat, drives the patient out of bed and from one room to another. This is very different from the restlessness of Aconite, or of Apis, or of Belladonna. This restlessness was clearly defined in the editorial on Aconite in this journal last September, and in the Apis editorial in the March number.

The desire to go from one bed to another, is similar to Hyoscyamus. The characteristic restlessness of Hyoscyamus, however, is a desire to get out of bed and run away, or he asks to go home when he is already in his own house, and then tries to get out of bed. Of course this is a delirious patient. Bryonia also has this kind of restlessness, according to Bell on Diarrhœa. The Sepia patient also gets restless and *fidgety*, and wants to go from one bed to another.

Under Kali-carbonicum the patient must get up and walk about, on account of sharp stitching pains shooting from the loins to the buttocks, and occurring at three or four o'clock in the morning.

Capsicum, at night, can't get a position in which he can lie still a minute. This will remind the reader of the Eupatorium-perfoliatum patient, who can't keep still though he has a great desire to do so.

To the above the Editor adds the following indications:

Carbo-vegetabilis, restlessness and anxiety worse from four to six P. M.

Ammonium-carbonicum, restlessness of the legs. China also has restlessness of the legs; must move them and draw them up.

A number of remedies have restlessness, characterized by the patient throwing himself about the bed. Here are some of them:

Kali-jodat., restlessness; patient throws himself about the bed.

Hepar, the child throws himself about the bed unconsciously.
Ignatia, the patient throws himself about the bed wildly.

Jatropha, restlessness from pain ; and the patient writhes about the bed from pain.

Calcareo-carbonica, the patient throws himself about the bed all night, with snoring, groaning.

Iodine, sits up in bed and then throws himself upon it.

Platinum, restlessness with colic ; turning in every possible direction for relief.

Hydrocyanic-acid, frequently sits up in bed, gazes vacantly about him for a minute, and then throws himself forcibly down on the pillow, or flings himself upon the bed from one side to the other.

Hyoseyamus, lies on the back ; sits up suddenly, and then lies down again.

Argentum-nit., must rise from bed on account of throbbing in the head.

Sepia has restlessness of legs and feet. This reminds us of Zinc.

Zinc. has restlessness of feet. "Fidgety feet." Restlessness of the legs and feet may therefore be found under four remedies, as follows : Ammonium-carb., China, Sepia, and Zinc. ; but Zinc. and Sepia have specifically "fidgety feet."

This symptom of Zinc. reminds the Editor of a case of abscess of the temporal bone occurring in a child seven years old, which he had been called to treat. The abscess was in the mastoid cells. It had begun with severe pain in the left ear, and was treated by another physician, who inserted a probe in the expectation of finding a foreign body in the canal. The pain caused was so intense that the child nearly went into convulsions, and refused to again see the doctor. The writer being called to the case found an extensive abscess back of the left ear. The patient was lying on her right side, keeping very still and groaning loudly. She utterly refused to allow of any examination. She kept her feet in constant motion, shoving them past each other continuously. This suggested Zinc. and as there was great scarcity of symptoms in any event, it was de-

cided to give Zinc in the 200th potency. The effect was immediate and most gratifying. The pain ceased, and the restlessness of the feet disappeared also. Shortly afterward the abscess discharged into the auditory canal, and the child got well. A physician of the other school was asked what he would have done in such a case. He said the abscess suggested the possibility of dangerous inflammation of the meninges of the cerebellum; that he would have trephined the bone, and even then would have had small hopes of saving the child's life.

There is not space enough to continue comments on Arsenic in this number. But the earnest seeker after knowledge of materia medica will perceive that there lies in this article a suggestion of how he can improve his own store of information. Let him begin with the first remedy mentioned in the *Materia Medica*, and note the kind of restlessness; then proceed to the next and the next, and so on to the end. Let him write down all the symptoms of restlessness he can find, and, of course, adding the name of the remedy. He will then observe that there are several different phases of restlessness; that the remedies have much in common, and some have striking individualities. Let him group the remedies accordingly, and he will then have a magazine of information which will be of inestimable value to him in prescribing, and which he will not willingly part with if he could not duplicate it.

POPULAR FALLACIES.*

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There is no department of science but what has its popular fallacies. A little knowledge, coupled with a vast amount of ignorance, has time and again been the cause of manufacturing and perpetuating many popular fallacies. There was a time when the science of geology was said to overthrow the teach-

* Read before the Kansas State Homœopathic Medical Society, May 2d, 1895, C. F. Menninger, M. D., President.

ings of Holy Writ. To believe in the teachings of advanced scholars in geology was to renounce all allegiance and faith in the Scriptures. But as the rising sun of intelligence gradually sent its illuminating rays into the minds of all people, this mist and fog has cleared away, and now all see and believe that the story of Genesis is written in the strata of the earth.

So ignorance concerning Homœopathy has caused the rise and prevalence of many, very many, fallacious doctrines and ideas. Nor are these in the minds of the common people alone, but also in those who, by reason of most ample opportunities, might know better. The shafts of ridicule are still being hurled against the impregnable truths of *similia*. They sting for the moment of contact; they make a clatter of noises as they strike, and then break and fall upon themselves, but they do not conquer. Truth prevails. How often do we, as practitioners of Homœopathy, have it told us how Johnnie one day, when his mother was out, got into the homœopathic medicine case and ate up nearly all the sugar medicine, and it did not hurt him at all?

But it is not the fallacies that are common in the rank and file of the people at large of which I wish to speak, but of some that are found within the sacred precincts of the temple itself. And here, too, ignorance, or, rather, a vast want of definite knowledge, is again the causative factor. To discuss "why this want of knowledge" would lead us into a very interesting by-path of discussion which we must leave for some future effort, for we would become too prolix and tiresome to attempt all. I wish merely to call your attention to a few of these, and to drop a remark or two upon their general character, effect, and causation.

The first that comes to mind, and one that is the cause of many injurious effects upon Homœopathy, is the quite general belief by physicians of the utter uselessness of every student of Homœopathy studying and having a good knowledge of the sciences of literature and of art—that is, to have a thorough college education prior to his entry upon the study of medicine. The arguments made, that he would not have time to do so, or

that it would unfit him for medicine, or that it would be too expensive and could not be accomplished by but very few, or that it would not be of any benefit to him, or that we have hundreds of successful practitioners, good homœopaths, who have not done so—all this argument is specious and fallacious, and cannot stand up long enough to be controverted.

The founders and promoters of Homœopathy, those whose names are to be found upon and in the text and reference-books of all good homœopathic physicians of to-day, were men who had taken full university courses, many of them graduating at the head of their classes. They then took up the study of medicine and got all that was obtainable in the universities of the continent. Would that all followers of Homœopathy had been such students! Old-school medicine was weighed and found wanting. These men adopted Homœopathy, and it is to their culture, intelligence, and knowledge that we owe the existence of Homœopathy. When we are sorely tried and puzzled with a severe case, it is to their words of wisdom, advice, and counsel that we flee for help and guidance. Their works are our compass and our rudder in every troublous sea. The day must and will come when medicine will be a post-graduate study in this country, as it is in Europe.

Another fallacy that is too popular in the ranks of the homœopathic school, and one that to every true homœopath is the most alarming of all evils within our body politic, is the idea of the utter inutility or uselessness of studying *The Organon* and *Chronic Diseases*, both in college and in practice. There are thousands of physicians in our school who have never read *The Organon*, and many more who have never read the *Chronic Diseases*. Thousands, too, who did read it, or had it read to them in college, have never looked at or within it since. Perhaps I am a pessimist or misanthrope, and make it appear worse than it really is, but it is an alarming state, however you view it.

He who questions these assertions needs only to look over the libraries of homœopathic physicians. He who doubts needs only to talk to homœopathic practitioners on this subject. He

who has misgivings as to the truth of the prevalence of this popular fallacy needs but to examine critically the courses of study of the homœopathic medical colleges of this country. Here this subject ought to be taught if they are going to educate *homœopaths*. In what colleges of the United States do we find *The Organon* and the *Chronic Diseases* as a regular subject for lecture once a week, not to say oftener? Echo answers, "where?" In what homœopathic colleges are the students made familiar with the masterpieces of Dunham, or of Hering, or of Rane? And need we bring forth any argument to establish the fact that these things need to be taught weekly and oftener? Where are our Herings, or Lippes, or Dunhams to-day? Their absence is only to be accounted for in the existence and too prevalent practice of this fallacious doctrine.

One other popular fallacy that is very generally held by homœopaths of to-day is that there is nothing in the higher potencies, as the 30th, 200th, 1M, 10M, and CM. I have not much to say on this except that homœopaths are among the strangest mortals into which the Creator ever put the breath of life. They cannot tell how the 3x will cure a patient, but they would swear to it that it has done so for them many a time. They cannot tell *how*, but they have tried it and found it to be true by actual demonstration. They cannot prove it in any other way to one who would laugh at and ridicule the idea. Yet they in turn laugh at and ridicule him who says the 1M or CM will do so. They say they have no faith in it. Did any one have faith in the 3x before they tried it honestly, earnestly, and perseveringly? No, never, or else every allopath would be a homœopath by this time. No scientific theorem or explanation has ever been found that will explain the action of the potentized medicine. If one is ever found that will satisfactorily explain the how and the why of the 3x potency it will also explain the 30th or the 1M. One thing is a settled fact that ought to knock to atoms *this* popular fallacy, and that is that the founders and promoters of Homœopathy—they who made it what it is to-day, they to whom all flee in times of trouble—all used the higher potencies.

SYPHILINUM OR LUESINUM, WITH COMMENTS.*

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Mind.—One of the more characteristic mental symptoms of this remedy is loss of memory, and what is peculiar about it is that the patient generally remembers everything previous to his illness, while he forgets everything since his illness. He has much difficulty in concentrating his thoughts on particular subjects, yet can recollect consecutive events and details which have occurred many years previously to his sickness. He can remember proper names, such as persons, books, places, but cannot remember recent events (memory for single words improved, Lyssin). Cannot remember a previous line read, and has to ask the name of his most intimate friend (Medorrh.). He is despondent and doubts recovery; all his mental symptoms are aggravated at night, and he dreads the approach of night, especially on account of mental and physical exhaustion, has a feeling of going insane, or that he is going to be paralyzed, or he is apathetic, indifferent to the future; has a far-away feeling, as if the mind was scattered; dull and stupid and slow to comprehend, thus slow in speaking, finds answers slowly; weeps without a cause, is cross, irritable, peevish; mental symptoms are worse after sleep (similar to Lach.).

Head.—The headaches are peculiar; they are often called linear headaches, as they extend from one eye backward, or from the temple laterally, or from temple to temple, or they extend from some part of the head to the eye or to the ear; are worse by the heat of the sun; headaches in the side of the head with pulsation of the arteries; pains are intolerable, are often worse after sleep. Worse at noon, or rise to their climax at noon and gradually grow better toward night. Prostration after headaches and debility. We have another form of headache, commencing at four P. M., and at its worst from ten to eleven and ceasing at daylight. Headaches are often preceded by nervous

* Read before the Kansas State Homœopathic Medical Society, May, 1895.

chills and with bursting sensation in the vertex, as from a severe cold, or a sensation of weight on the occiput drawing the head back as if it were pulled back. Linear headaches, commencing in the forehead and extending in parallel lines backward, often forerunners of epileptic attacks, or we have a heavy cutting pain across the base of the cerebellum, or a dull feeling at the base of the brain; the attacks of headache come on periodically, especially in secondary syphilis, are accompanied with restlessness, sleeplessness, and nervousness, and are worse after excitement.

Eye.—Red papules around the left inner canthus, circumscribed areola, sensation of heat with pain in the lids or a pulsating pain in the orb of the eye; the eye pains are aggravated by lying on the left side (Lac-felinum, aggravated by lying on painful side), pain over right eye, often lasting for days and accompanied with drowsiness and lachrymation; the pain is worse by noise and by light; better by pressure and tight bandages; also worse at noon, and better when the sun goes down; adhesion of the lids; ptosis, paralysis of the lids where the eyes have a sleepy look from the drooping of the lids; paralysis of the muscles of the eye; chronic phlyctenular inflammation of the cornea, often accompanied with photophobia and profuse lachrymation, redness of the eye in delicate scrofulous children who have traces of hereditary syphilis (Graph., Protoiod-merc.), intense itching of the canthus in ophthalmia neonatorum (Argent.). Eyes intensely swollen, with pus oozing from them; the eye pains are usually all worse at night and worse in the after part of the night, and are generally intermittent. The conjunctiva swollen, puffed, with a deep red color, often accompanied with chemosis and with immobility of the pupils; the tears are acrid, hot, scalding the cheeks; conjunctiva often looks red, injected, the lids everted, and the dread of light so great that he constantly wears a shade. In inflammation of the lids the patient often experiences a sensation of cold air blowing in them, or a horizontal line across the pupil, hindering sight, inflammation of the eyes; is better by cold applications.

Tongue.—The tongue is thickly coated; edges are indented or

serrated by the teeth. One thing peculiar about the tongue is that it has two deep cracks or fissures running lengthwise on either side of the median line in secondary syphilis. Frequently we have one deep crevice running lengthwise following Mercury poison. You will often have to differentiate between history of previous treatment by Mercury and the family history of hereditary syphilis. We have partial paralysis of the tongue so they cannot turn the food with the tongue properly, or it turns to one side when he attempts to protrude it; speech is heavy and sluggish; breath fetid, foul, stale, or moldy (Mer.). The tongue is often covered with herpetic eruptions or with foul bleeding ulcers, with lardaceous bottoms and bright fiery edges, as if cut down with a knife. These ulcers smart and burn like fire and often prevent sleep; saliva is profuse, stringy, viscid, often pouring from the mouth (like Calomel), has a sweetish taste, putrid, sickening odor which fills the whole house, very similar to salivation by Calomel; mouth symptoms are all worse at night; most of the eruptions in the mouth, throat, pharynx, and nasal passages are of a herpetic nature; liquids are more difficult to swallow than solids.

Throat.—It is a remedy that will be frequently needed in chronic hypertrophy of the tonsils in syphilitic patients. These patients are constantly having sore throats, especially from any sudden change of the weather or exposure to cold. They have chronic congested spots in the throat, adhesion of the soft and hard palate, cleft palate, ulcers of nares, roof of the mouth, or of the vomer bone; in chronic coryza the discharge is thin and watery; in catarrhal troubles the discharge is green and frequently excoriating, producing redness of the part passed over; abscess forming in the tonsils discharges profuse yellowish pus; large dry crusts are expectorated from the throat in the morning, or blocks of dry mucus from the nares, the parts often bleeding after their removal; the nasal symptoms are very similar to Aurum, and many cases have been cured by this remedy alone, where Aurum appears to be indicated. Aurum follows this remedy in nasal troubles, and it is frequently followed by Teucrium in otitis media.

Face.—Frequently we have spasmodic twitchings of many of the muscles, facial paralysis in the right side with jactitation. Face is pale, bloodless, often has a drawn appearance, hypocratic, pinched, drawn appearance. We have frequent neuralgia of the face, especially in the bones, very similar to Spigelia, or Kalibichro., Lac-fel., or Stannum, or complete hemiplegia following severe attacks of neuralgia of the face.

Teeth.—The incisors serrated. Children's teeth we find cupped. They decay early at the edges of the gum, often breaking off, occasionally decaying as soon as they come through (like Kreosotum).

Voice and Larynx.—Almost complete aphonia. Chronic asthma coming on in summer, especially when the weather is warm during the hottest days of summer. Generally begins in the evening and passes off toward daylight. Patient often suffers very much soreness of the chest, with inability to remain in a recumbent position. Frequently these patients have a severe cough, which leaves them in the summer and is followed by asthma during warm weather (Chancroid, Phytolacca), and especially after rain or damp weather. Oppression of the chest is a marked symptom of the asthma, often coming with the sensation as if the sternum was drawn toward the back. The most severe attacks usually come in the after-part of the night, beginning usually about one o'clock and lasting until four. The wheezing and rattling are very severe, especially in syphilitic children (like Tart-emet.). The cough of this remedy is hard, dry, continuous, preventing sleep. It is always worse at night, and there is frequently a rasping or scraping sensation in the throat. Expectoration is white or yellowish, tasteless. When pus is expectorated, it is usually greenish or of a greenish-yellow. Often the asthma and aphonia precede the menstrual flow. Cough is made worse by lying upon right side (Medor-rhinum), if accompanied with asthma, which is worse at mid-day.

Spine.—Spine sensitive the whole length of it to pressure. Caries of the spine, especially of the cervical portion, often with extreme curvature, usually laterally. Pain in the curvature,

which is worse at night. Heaviness and dragging feeling, with dull pain in lumbar region of the spine. Cracks of the bone of the spine exuding bloody, offensive pus. Thickening of the spinal processes, sensitive to pressure. Pains are worse at night, beginning in the evening, terminating only at daylight; worse by motion and pressure, and better by heat. Psoas abscesses which discharge profuse offensive greenish pus. Enlargement of the cervical glands, tendency of abscesses in children between the ages of two and ten. Tendency to abscesses in pale, ænemic, bloodless, poorly-developed children.

Pains.—The pains are all severe, often excruciating and tormenting, preventing sleep, usually worse at night, except the headache. Rheumatic pains are sharp, burning often like fire, frequently awakening out of sleep, gradually increasing in severity, then decreasing, usually worse in the left side of the body.

Extremities.—Rheumatism of the deltoid muscle or the upper third of the humerus. "Run-around" on the fingers or thumbs, recurring annually. Often the part is red, swollen, sensitive, and burning. Swelling of the lower limbs, from the knees down, during the day, worse on standing, disappearing during the night. Severe pains in the long bones of the body, especially lower extremities and in the joints, pains are worse at night, worse by heat of bed, with redness, rawness and severe itching between toes (like Sil.). Rheumatism suddenly leaving the limbs and going to the heart, worse in the summer; usually or often accompanied with the deltoid form, impossible to raise arm at right angle. Aching in the limbs like growing pains in children. Sometimes the pains are better by heat of stove, but worse by warmth of bed, and worse from sundown to sunrise, often the part affected becomes numb. Ulcers on the shin-bones healed with salves or ointments left depressed scars, metastasis to the lungs soon after with râles and bronchial breathing, prolonged respiration and tight, dry cough without expectoration. Indolent ulcers of the lower extremities in emaciated and poorly-nourished subjects who have syphilitic taint, not relieved by any remedy; promptly cured by Syphilinum, one-thousandth

potency. In old chronic forms of syphilis, the ulcers have a well-defined outline, and appear as if cut out with a chisel, generally very little discharge and the pus is greenish or watery, and the bottom of the ulcer appears granular, the tissue around them is usually dark red, discolored, and irritated. Seldom do they itch and are not very sensitive. False granulations in chronic forms prevent healing; they bleed slightly when touched, and if healed by local means leave deep scars that look as if they had been burnt. They appear on shin-bones. Periostoma of lower extremities. Toenails have a tendency to grow distorted and ridged or furrowed, or to grow under and are painful and sore at the change of moon, especially full moon. The nails are as thin as paper, break and split easily, or the edges are imperfect, notched, and in these notches is a film of thin material like tissue paper. The finger tips are club-shaped and the knuckles large, the lines in the palmar surface deep and furrowed, ulcers appear in mouth and on tongue at or about the menstrual period that are sensitive and painful, very similar to Nitric-acid and worse at night and at change of moon.

Fever.—Chills accompanied by pain in the head, face has a blue appearance, whole body cold, desire to be covered with blankets yet could not get warm, sleepy during the chill. Nervous chills preceded by aching pains in the head or limbs, with a feeling of heaviness in the limbs, cross, irritable, and peevish, pain begins at four P. M. and growing worse until midnight, then growing better.

Hot Stage.—Hot fever, dry, parched lips, and great thirst. During fever intensely hot, wants to throw off covers and get his feet out of bed. Intensely hot feeling and great debility, perspires often during the fever, or the fever is followed by profuse debility, night-sweats, patient waking up almost exhausted.

Sexual Organs, Male.—Chancre size of a split pea on corona glandis, edges raised and bottom covered with lardaceous deposit, mucous membrane purplish, aching of genitals, bubo swollen, purple, more painful at night and usually accompanied with night-sweats. Phagedænic forms of chancre.

Female Sexual Organs.—Ulcers on labia painful, similar to Nitric-acid, though not so sensitive and do not bleed so easily. The leucorrhœa is usually profuse, thin, and watery, soaking through napkin or fully as bad as Alumina, if not worse; flowing worse at night and generally acrid and excoriating and producing itching even to pruritis of a severe form. Often the leucorrhœa is accompanied with severe pain in right ovary, though either ovary may be effected, and the most characteristic pain is a sharp, knife-like pain; the breasts are usually sore, tender, and somewhat enlarged during menses, similar to Puls. or Conium.

Cough.—Dry, hacking cough coming on in the spring of the year. Very regular and accompanied with nose-bleed or hemorrhage from the uterus. The cough is irritable, dry, hacking, worse at night or it wakes her at a regular hour after midnight, paroxysmal, like whooping-cough without the whoop. No part of the wind-pipe can be touched without exciting cough (Lachesis), phlegm has to be swallowed, impossible to expectorate it, similar to the Kalis. It is better lying on the right side, worse lying on the left side, like Phosphorus. It has also an aggravation at three A. M. The patient usually dreads the night on account of the cough, as the cough exhausts her so. A typical syphilitic patient is usually, though not always, light complected, fair skin, and more or less freckles, blue or brown eyes, light hair. They are usually thin and of the ænemic order, having poor vitality. They are easily exhausted by exertion, they have a lack of reactive force in recuperating from disease or responding to the actions of foods, medicines, or anything. They suffer either from a complete loss of assimilation or the lack of it in some way. Children appear healthy when they are born, are fat and chubby, but frequently die before they are a year old from marasmus, especially where psora is combined with latent syphilis. I have frequently called a halt in diseases of children that must have proved fatal, by giving a few doses of Swan's potencies of Syphilinum. This I find more especially in marasmus and summer complaints of children. In tuberculosis the children, where it would seem to be well indi-

cated, receive no marked benefit. One reason that I have in mind that I might mention here is that tuberculosis is not so much based upon syphilis as we suppose. It has, I think, more of a basis of psora with chancreoid, especially where the chancreoid has been suppressed. It is, you know, very easily suppressed, so much so, that the dominant school considers it a very trifling affair, while they look upon the hard chancre as something terrible. The truth of the matter is chancreoid is the miasm most to be dreaded, as it has such an affinity for psora, and the combination is, in my estimation, the basis of cancer, tuberculosis, wasting diseases, Bright's disease, severe neuralgias, much of our insanity, and very stubborn forms of skin troubles. I dread chancreoid, as the incurable cases, I find, and the ones I cannot get at, usually have this miasm as a basis, especially in patients where it has been suppressed. When these patients fall they usually go down with a crash never to rise again, and a metastasis means a malignancy which is labelled with the stamp of death. Syphilis does not readily combine with psora, but is a miasm of a very aristocratic nature, preferring to live alone, weds not, and when he is present he usually heads the list. Much has been said, *pro* and *con*, concerning the possibility, or rather probability, of this remedy being indicated (or any nosode for that matter) without the miasm being present in the system. I am inclined to answer with the minority, and that is they are never indicated unless the miasm be present, either in the acute or chronic form. The presence of a miasm in the system develops a dyscrasia, is usually followed by idiosyncrasy, and the latter peculiarity in patients is a very interesting study as to the relations they bear to nosodes. We often have to cure the predisposition to disease by the use of a nosode, by striking at the fountain head. Is this not truly wonderful, death lurks in the very means of grace and *vice versa*?

I cannot too highly praise the great benefit to be derived from the use of nosodes if they are properly administered, but if placed in the hands of incompetent men there is great danger of doing more harm than good. He who is a student of *The*

Organon and a true follower of Hahnemann and the law of *similia* can safely use them, as he knows well the difference between a true picture of *similia* and a pathological relationship. The law of *similia*, if applied to sick human beings, must either cure or palliate in a way known only to homœopathic physicians. It is only that which is out of law that kills, or that which is not (or cannot be), through our ignorance, brought into true relationship with law. The great law of *similia* draws no lines of demarcation. There is no class of remedies that it can bar out, if man is an epitome of this universe then any force in the universe may derange or disturb him, and it may require one or more of any of the forces to restore him to a normal condition again, and the laws that make men sick act as beautiful as those that make men well. The pendulum of the third great law of motion sways as far to the left as it does to the right, the force of the poppy juice makes men numb and dead to pain, but when reaction comes it makes them doubly alive to it. So in our study of the action of any of the nosodes we must remember that they have the qualities of all forces and the characteristics of all remedial agents—that is, they must be disease-producers before they can be disease-curers.

My article is already too long to go into detail as to when nosodes should be used, and when they should not be used, simply to say to you in conclusion study well the miasm syphilis and the combination with other miasms, especially the relation it bears to psora, and you will find in it a remedy that will be more frequently the *simillimum* than you have heretofore thought. I have heard many an objection to the use of nosodes. One in particular, that they are filthy and unclean is, I think, a very lame excuse, and recalls to memory the vision of Apostle Peter on the different kinds of meats that were jumbled together in the great sheet that was let down from heaven, a wonderful lesson to Apostle Peter, and let us all take a lesson from the fact that nothing is unclean to the man of science and especially to the law of *similia*. The law that leaves dead and inanimate matter behind by the power of potentiation, and brings forward the forces that made it at its creation, is the law that must govern

us. Man's judgment is blind judgment because he judges by and through his material senses which brings him only into relationship with material things. Law judges like a god, for it is moved by an omnipotent hand. There is nothing unclean in the fifty-thousandth potency of anything, and you cannot afford to use a nosode made lower. Then let us be forever silent on the question of uncleanness in nosodes, and be men of science, pushing forward and upward and onward, led by the mighty and unerring hand of law, and lift our science to a higher standard and float over its citadel the banner of *similia*.

TAKING THE CASE.*

J. A. TOMHAGEN, M. D., CHICAGO, ILL.

Having been asked to contribute a paper for your bureau, I offer this as embracing some of those vital questions always of interest to the earnest and busy physician. Hahnemann said, "A case well taken is half cured." I have found that my success has been proportionate to the care exercised in making the first examination. Most of our failures are directly traceable to overlooking the individual *peculiarities* as fixed in each and every patient, as well as the peculiar complexes of symptoms which are wont to appear from time to time at regular intervals, and, indeed, in orderly succession, at times from within outward, and from above downward and in reverse order—the former salutary, the latter detrimental to the patient's well-being. Eruption of cutaneous diseases is invariably followed by diminution of internal distress. Suppression of skin diseases means aggravation of internal ailments or the development of the same, if not existing prior to the eruption. Disease passing from head to feet is always followed by a cure of more vital centres. When ailments travel from below upward serious trouble may be confidently predicted.

This orderly crescendo and decrescendo of phenomena must be appreciated by the physician ere he can hope to get a purchase

* Read before the Kansas State Homœopathic Medical Society.

upon the latent principles embodied in the law of *similia*. These vital principles must be perceived and conceived before they can evolve an objective entity, so to speak, and become a constant and ever-present fact in the mind of the physician. Let him once grasp the eternal verity of this fixed law, then nothing that man might contrive, however extensively lauded (Koch's lymph, Brown-Sequard's Elixir, *et al.*), can ingratiate itself to dethrone those agents which have been thoroughly proven and tested and not found wanting.

One of the first rules of practice in regard to *taking a case*, and one I never deviate from, since it was inculcated by the masters, is the manner of eliciting symptoms. Shakespeare said, "By indirections, find directions out." It requires great skill and tact to so evoke the symptoms as not to prejudice or bias the patient in his or her statements. Avoid interruptions and questions that can be answered by yes or no. Oftentimes they expatiate with wonderful volubility concerning their condition, and unwittingly divulge many noteworthy facts before the physician is prepared to write their statements. Again, their utterances are monosyllabic—"yes" or "no." It is in this latter class that after a few pertinent questions with negative results a dose of Placebo serves as an entering wedge which causes the tongue to loosen because the patient feels that you have found his trouble and understand his case thoroughly, and therefore your speedy prescription. He at once throws off the restraint and feels perfectly at ease, and proceeds, oftentimes, to unburden the mind thus: "There is one thing I forgot to mention, and it seems very strange, this terrible pain begins every morning at three o'clock. I don't know why it should, but it does." This aggravation decided in favor of Thuja, which cured the case. Ten successive nights this pain, a violent prosopalgia, recurred at precisely three A. M., in spite of Morphine and Quinine. One dose of Thuja cured the case. This symptom might easily have escaped one at the time, because of the reticent mood of the patient. The dose of Placebo relaxed the patient, not because of its medicinal qualities but because he felt that I had found his remedy, and the inner consciousness

being at ease, he gave expression to this *peculiar fact*. Often a patient turns on his heels, as he is about to vanish through the door, and mentions some very important symptom, one that would have decided in favor of another remedy, but he had simply received Placebo to await further developments; but now the remedy stands out in *alto relievio*, and can be given with perfect confidence and positive assurance.

This manner of proceeding enables us to observe the *peculiar subjective expressions* or *symptoms*, often alone sufficient, upon which to base a prescription, without further questioning. When, however, the subjective image is obscure, objective phenomena are generally present that will throw some light on past experiences. An enlarged and indurated occipital gland, maculæ patches and crippled nails. A poorly developed chin means a congenitally weak heart. Lack of fullness in the lower part of the face signifies weak digestion. Narrowness between the malar bones indicates a tendency to pulmonary troubles. These facts speak volumes to the initiated, and indicate the proper line of interrogations. Many more might be adduced but these suffice for the present to show how interesting and instructive this study might become.

While the patient is adjusting himself physically and mentally, and endeavoring to decide where to begin with the recital of his symptoms, we should, inadvertently, proceed to take his measure, "size him up," as it were. This means a great deal more than many even suspect. Hahnemann, Bönninghausen, and Jahr laid great stress upon studying *human nature*. In truth I have found that much depends upon the accuracy with which this is done. Those having a vivid, intuitive perception of human nature, rapidly detect its shortcomings, upon both the physical and mental planes.

Hahnemann said, "Disease is a distunement of the vital force." I accept this, in toto. To distune the vital force means to throw it out of harmony. An instrument to be distuned or out of harmony, means that discordant sounds will result, and this implies too rapid *vibrations* of some chords and too slow of others. So when the *vital force* is out of tune, it must follow

that some of its chords vibrate too fast and others not fast enough, resulting in what is called *dis-ease*. The animal, mineral, and vegetable kingdoms furnish *substances* that have *specific* affinities for various parts and sections of man, distuning these in greater or less degree, resulting in phenomena or effects which we call symptoms. The process by which these are obtained is called a proving, which should be made upon a healthy individual, and one for whom the element has a *special affinity*, thus enabling it to bring out its most *peculiar features*. For example, Belladonna has most affinity with plethoric individuals; those in whom the *arterial system* predominates over the *venous*. These people are endowed with perfect vitality, are full and rotund, the middle section of the brain is large and active. They are full of vivacity and expression, the result of an active arterial circulation. The delirium is active, the mania wild, the pain acute and violent, of an intermittent character, and characteristically worse in the afternoon at three P. M., when the arterial excitement is at its height. Acon., Amyl-nitrite, and Glon. are quite similar to Bell. in their affinity for full-blooded active individuals, and therefore especially adapted to the young. Old people would rarely require these remedies as a rule, since their life forces are waning. Gels., unlike Acon., Bell., Nitro-glyc., produces venous plethora, and therefore all of its symptoms partake of a depressing character, the pulse is full but slow and soft, not bounding like Acon. and Bell. Great restlessness, thirst, and anxiety characterize Acon., while Gels. is less restless, thirstless, and indifferent. Wants to be let alone. Bell. causes thirst for a little and often in a characteristic way. Again, Gels. has a specific affinity for *tall, bilious, nervous* individuals, in whom the nervous congestion causes temporary suspension of innervation in the nerve centres and consequent depression of the entire nervous system, giving the great characteristic of *prostration* both mental and physical. At a glance the active practitioner can detect these *peculiar* and *innate tendencies* in each individual patient, by familiarizing himself with these underlying principles.

He must study *human nature* as Hahnemann taught. The

ability to detect *peculiar symptoms* is facilitated by this method. In a paper of this kind we can simply indicate a few of the peculiar conditions necessary for the selection of the remedy. In pneumonia, for example, where the choice lies between Kali-bichrom. and Sang. it is oftentimes quite difficult to decide which to prescribe at a certain stage when the *thick stringy yellowish white* mucus is a prominent factor. If we remember, however, that Kali-bichrom. has a special affinity for corpulent light-haired persons, and Sang. for heavy set, bilious individuals with dark hair and eyes, the choice becomes comparatively easy, providing two, three, or four other peculiar and differentiating symptoms are not wanting. Some will say: "I have had excellent results from Puls. in brunettes, and Nux in blondes." I don't dispute this in the least. Some say: "I prefer the CM and millionth potencies, and have had satisfactory results therefrom." Another uses the lower attenuations and is equally satisfied with his results through years of experience. Old-school physicians will tell you that they have good results from their remedies. Some alternate two remedies or give three or more in rotation, and are content to continue in this method, claiming good results. I happen to know that some prescribe Puls. and Nux regardless of *individual peculiarities*, having given as many as eight remedies in one month, on an average two per week, blindly administering this and that medicament for transitory and ephemeral symptoms, and are as far from a cure at the end of six months as they were in the beginning. Good results may satisfy some, but I want the *best* results that can be had in the shortest time, *in curable cases*. Having decided *the remedy*, the next question which naturally suggests itself is, How shall we administer it? My experience has been exclusively with potencies ranging between the 200th and CM, occasionally even higher, formerly giving them in solution, a spoonful every two hours, till a decided change was noticeable, and four or five powders dry on the tongue, a powder every two hours in chronic affections. Experience has taught me that a dose dry on the tongue is sufficient for any curable case, and likewise enough as a palliative in incurable

ones, wonderful euthanasia being the result in moribund cases, far surpassing the transitory and simply depressing effects of Morphia and the bromides. I do not doubt in the least the beneficial effects of remedies in potencies lower than the 200th. Hahnemann and his disciples made remarkable cures with potencies ranging lower, and many are doing the same at this day. *The chief question is the proper affiliation of the remedy in each individual case. The closer the affinity, the more danger in prescribing crude vegetable and animal drugs; or, in other words, the more violent the aggravation from the lower potencies.* Therefore the most accurate prescribers found the most beneficial effects from the higher potencies. They are more penetrating because of their *high rate of vibration*. This explanation satisfies me, but I will not quarrel with any one who may choose to differ; it is simply my opinion. If any one has a better and more scientific explanation I am willing to accept it. The fact nevertheless remains the same, that these potencies *act*. The next important question is in regard to repetition of dose. I never repeat as long as the patient continues to improve. If the patient continues to grow worse after the first prescription, the medicine was improperly selected, and another is in order after twenty-four hours, because the conditions invariably change from day to day, and often from hour to hour. It is oftentimes difficult to decide whether the remedy given has aggravated the patient's condition, or whether the disease is progressing in its course unimpeded.

The only safe guide I know of is this: Is the apparent aggravation in harmony with the action of the medicine? If so, I let it alone, if not, I endeavor to adjust another remedy, either compatible with or complementary to it. An incompatible remedy would spoil the prospect of a speedy recovery. Should the patient after the lapse of twenty-four hours evince symptoms similar to those found at the first visit, a second dose would be in order, but this is *rarely* necessary; generally nothing is required and the patient goes on to apparent recovery.

I say *apparent* because there is usually something constitutionally wrong in these patients that require systematic treat-

ment. The remedies selected from the vegetable kingdom are generally best adapted to, or most appropriate for acute diseases, and should some chronic miasm come to the surface after the subsidence of the acute ailment, one of the mineral elements is likely to come into requisition to complete the cure, as Calc-c. after Bell., Sulph. after Acon., Alumina after Bry., Sil. after Puls., Natr-m. after Ign., Stan. after Puls., Ant-tart. after Ipec., Iod. after Lyco., etc. Some of these remedies, though belonging to the vegetable kingdom, as Lyco. and Puls., will carry a case along for weeks with unremitting improvement.

Now as to repetition of medicine in chronic diseases. These chronic ailments exist because of some *peculiar bias* of the individual from the very hour of his birth. He is crippled or dwarfed as to some part of his system in the beginning. This becomes more and more manifest as the years roll on. Improper balance between the arterial and venous circulation, sluggish liver with its host of consequences: hemorrhoids, constipation, kidney troubles, weak lungs or stomach; pancreas inactive; some organs of the brain deficient and others over-active, with corresponding manifestations. Many of these can be corrected by judicious medical care from the beginning. Sulph., Calc., Sil., Phos., Lyc., etc., properly administered at the outset of the child's earthly career, will cause it to unfold physiologically by directing the various functions in the way they should go.

Most of these inveterate ailments are intensified by improper modes of life which should be corrected as far as practicable and then one of anti-psoric, anti-sycotic, or anti-syphilitic action properly affiliated. The management of chronic troubles *per se* is so *intricate* that it is impossible to do it justice at the conclusion of this paper. I might add, however, that the *totality of peculiar subjective and objective phenomena, signs and symptoms* of each individual case, are our only guide in the selection of remedies for chronic diseases. Trusting that I have brought out a few facts that others might corroborate, I submit them for your discussion.

SYMPTOMS FROM RHUS POISONINGS.*

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CASE I.—Miss B., aged nine years, while visiting in Central Kansas City last August, went to the timber to play with some other children, and they got into some poison sumach ; Miss B., after going to bed that night, began to complain to her mother of an itching, burning, crawling sensation all over her body, and could not sleep or have any cover on her, and kept her mother awake all night. Her mother found, on examining her next morning, that she was broken out all over her body with a smooth red rash. In a few hours the rash disappeared and she began to break out in different places all over the body with large urticaria-like blotches ; some as large as the palm of the hand, and some much larger, with large watery blisters surmounting their tops. This condition lasted four days. She was unable to rest or sleep either day or night on account of the severe burning, itching pains. On the fourth day she began to have chills. Chills followed by fever, chills or cold all day ; fever all night ; so cold could not get enough cover or clothes on to get her warm. When she would get near the stove to get warm it would aggravate her symptoms so that she could not endure it. These symptoms continued. On the seventh or eighth day she began to get drowsy ; drowsy all the time. On the twelfth day, the above symptoms all continuing, her feet, toes, hands, and fingers began to swell. Her feet and toes swelled so badly that she could not get on her shoes. Toes and heels hurt so badly she could hardly step on them. Hands and fingers swelled so badly she could not get on her gloves or bend her fingers. Pains in her feet, toes, hands, and fingers ; pains all over. Severe neuralgic pains. Rest and warmth in the house aggravated ; exercise and cool air ameliorated. During all this time her appetite was good, her bowels regular, except she had diarrhœa for three days.

* Read before the Kansas State Homœopathic Medical Society, May, 1895.

Her mother had got very much worried about her by this time. In spite of salt and soda baths and all the other remedies she and her friends could think of, the girl got gradually worse; she cut her visit short and returned to the city, where she could have the girl under my care. It took me three weeks to antidote the poison. I finally did so with *Anacard-orient*.

CASE II.—While walking along a creek in Western Kansas one damp morning, I passed through some poison sumach. A friend who was with me remarked that I would most likely get poisoned as I had on shoes. After being in bed a short time that evening an itching, burning, crawling sensation began on my legs, just about where my shoe tops came to. It kept gradually getting higher on my legs, and I thought there were about four thousand fleas crawling up my legs all at the same time. "By the way," I was out in that part of Kansas where fleas are plenty. I did not sleep much that night. I tried all sides of the bed, and got up several times to get away from the fleas, as I thought my tormentor was, but it did no good. On examining my limbs in the morning I found them covered with a smooth rosy-red rash, as high up as the groin. I now knew what was the cause of my having such a bad night. I had got a dose of poison sumach. At noon that day when I got out of my buggy for dinner I found I was so lame that at first I could hardly walk, but as I got to moving around some I soon limbered up so I could walk very well. The lameness was all in the adductor muscles of the thighs. On getting out of my buggy in the evening I found that I was much lamer than at noon. It was some time before I could take a step, I was so lame, and it hurt me so to use the adductor muscles of the thighs that I thought I would have to give up the attempt to walk that evening. But on moving around a little I soon found that I could walk very well after some exercise. The itching, burning, crawling sensation began to get worse than it was the night before, although it had not bothered me much during the day. On examining myself I found that I was broken out all over my body and limbs, except my face, hands, and feet, with a smooth red rash, looking very much like the eruption of

measles when fully out, and running together, forming irregular-shaped plaques. I did not take off my clothes and go to bed that night. I walked all night. When I would sit down for a few minutes the severe burning, itching pains would cause me to move on again, and as soon as I remained still for a few minutes I would get so stiff that I could hardly move again; so I kept moving all night. It was the only way that I could get any ease. By morning I had had enough of the symptoms of *Rhus-tox* poison to suit me. I began to take *Apis-mell.*^{1x}, and by evening of that day I was better. A strong salt water bath on going to bed and I was able to get some sleep. By the next night I was all right. This is the first time I have ever been poisoned by the poison sumach, and I hope it will be the last.

I have been poisoned many times by the poison ivy or vine, *Rhus Radicans*, and have seen many cases of poisoning by it. The effects of the poison are quite different from that of the poison sumach. If the poison of the poison vine comes in contact with the leg, it produces an intense inflammation of the skin for a few inches around. The skin swells greatly, is very red with intense burning, itching pain; soon large watery blisters, or a fine vesicular rash breaks out on the inflamed area, then the inflammation subsides and the part affected returns to its normal condition. No difference what part of the body the poison comes in contact with, it stays confined to that region; it doesn't seem to have any inclination to spread far.

The effect of the poison sumach, *Rhus-tox.*, is far deeper. It makes no difference what part of the body the poison comes in contact with, it has a tendency to spread over large surfaces, and attack deeper tissues, and goes on for months or years if not stopped by proper treatment.

The symptomatic indications for *Rhus-tox.* are found in the continued fevers, the eruptive fevers and rheumatisms.

For *Rhus Radicans* in the local inflammations.

Of the antidotes to the *Rhus* poisons, *Apis-mell.* is a good one in the acute stage, but of no use later on. It should be given in the 1x or ϕ .

Bryonia is good in some cases. Croton-tig. is the remedy where there is a fine vesicular rash or small boils.

Anacardium-orient. is the remedy where there are large watery blisters on an inflamed base, with swelling of the various joints.

Belladonna is mentioned by some as a good antidote but I have not found it of much use.

THE INDICATED REMEDY IN DISEASES OF WOMEN.*

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The title of this paper ought to sound strange to us. If we practice Homœopathy what should we do but give the indicated remedy, in this as in every other class of cases? And yet, judging from the general tone of our current homœopathic literature, particularly from sources which claim this class of diseases as a specialty, one would almost think that the indicated remedy was the last thing to be thought of, if thought of at all.

I read long articles on various branches of this specialty, many of them giving most minute and explicit directions as to certain surgical measures, or topical applications, or electrical treatment, and closing up generally with a paragraph something like this: "A few of the most common remedies ordinarily found useful are"—and here follows the mention of a few remedies, sometimes with brief indications for their use, often their names only. In either case the impression is given that the mechanical and topical measures are of paramount importance, and that internal treatment is secondary and of somewhat doubtful value.

What wonder that a physician should lack confidence in the power of the indicated remedy if he has already administered to his patient, through the delicate and quickly absorbing mucous surfaces of the reproductive tract a half-dozen or more

* Read before the Kansas State Homœopathic Society, May, 1895.

powerful and crude drugs, neither one of which has been given with reference to its similarity to the case?

Under such circumstances, and with such rude interference with the processes of nature, there is no opportunity of a fair test of the indicated remedy, although it is truly surprising how lenient and forgiving nature often is under such abuse. In spite of all such hindrances, the administration of the indicated remedy, after other measures have proved futile and been discontinued, is often attended with prompt and successful results.

Since this is true, as is demonstrated daily in the practice of many physicians, how does it happen that such practices as are detailed in our homœopathic journals should ever have been introduced? Surely they are no part of the system which Hahnemann gave to us. The title-page of the journal and the usual mention of a few homœopathic remedies at the close of the article are often the only distinguishing characteristics, and the only indices of the particular school of practice to which the writer claims to belong.

These same physicians do not invariably find it imperative to use such irrational methods in the treatment of diseases which manifest themselves in other organs of the body. Is it a misfortune that the anatomical structure and location are such as to render it possible that the uterus should be the one organ in the human body to suffer the maltreatment to which, in these modern days of gynecological wisdom, it is so often subjected?

The stomach, for instance, is, in common with other mucous lined organs, liable to local manifestations of disease. Is it to be regretted that in the emergency of hæmatemesis it is practically out of reach of the curette, or of the orthodox douche of a strong solution of persulphate of iron or of packing with carefully sterilized gauze?

All these scientific therapeutic agencies so strongly recommended in the treatment of uterine hemorrhage are lost to the poor suffering stomach, and life probably therefore jeopardized on account of its unfortunate location.

Seriously, is it not time to protest against such practice

carried on under the name of Homœopathy, and against such teaching in our homœopathic schools? Why single out this special class of cases to be treated empirically, if we believe in Homœopathy and practice it in the treatment of diseases presenting other local manifestations? Do we not by such practice betray our disloyalty to Homœopathy and our lack of faith in its vital principles? If any of us believe in these practices, and deceive ourselves into thinking that we thereby radically *cure* disease, very well, but let us not call it Homœopathy. Later on, when by these suppressive measures the disease appears in another location and form, we have the battle to fight over again, and in all probability, at far greater disadvantage than if we had cured it at the outset, and certainly with increased danger to the patient.

These unscientific measures are as far as possible from Homœopathy; and, moreover, if we consider it necessary to practice empirically in one class of cases, does it not follow that we are liable, if not likely, to do it in all? And if so, where is our banner? Not over our heads, surely, but trailing in the dust. Our mistake is in lack of faith in our principles and lack of confidence in the power of our proved remedies. If we have failed in our results in the treatment of gynecological cases it is not the fault of our system of practice. It is from lack of discernment of the true and perfect picture of the case, from failure of selection of the proper remedy, or of insistence upon favorable hygienic conditions.

No surgeon overlooks or fails to emphasize the importance of certain conditions favorable to the union of a broken bone, or to the repair of a strained muscle or tendon. Let the gynecologist exercise equal wisdom and care in the treatment of what are called pelvic diseases. Let him explain especially the necessity of freedom from weight, stiffness, and pressure of the clothing upon the abdominal and pelvic organs, and then insist on the co-operation of the patient in this and every other necessary requirement.

This done, with the exercise of an ordinary degree of intelligence and common sense on the part of the patient, as to

hygienic habits in general, the physician will find his carefully selected remedy doing most satisfactory and often most prompt and wonderful work, and that he has no necessity, or even excuse, for going outside of homœopathic therapeutics to cure his patient. Moreover, he will find that the gynecologist will become *the physician*, whose office—higher than that of any specialist, in the narrow sense in which that term is too apt to be used—is *to cure disease*, whether or not it may chance to exhibit prominent symptoms localized in the female pelvis, and therefore coming within the classification of diseases of women.

When once we come to the point of believing that all curable disease can be cured by Homœopathy, whatever its local manifestations may be and in whatever part of the human organism—and that this is the only immutable law of cure—then we shall be worthy to be called homœopathic physicians, for we shall *cure* our patients by following the law of similars.

Since it is not only possible but easy to do this, if only we are willing to work, why turn aside from this sure method to engage in that of making local applications of drugs not indicated in the case but used empirically in imitation of other practitioners who have no law of cure to guide them? In doing this it seems to me one shuts his eyes to several important facts.

First. A local manifestation or symptom of disease is not the disease itself, and the suppression of a symptom or group of symptoms is not the curing of the disease. If we wish to eradicate weeds from a lawn we do not hire a man to go over it picking off their blossoms. We insist on the importance of destroying the whole weed, root, branch, and blossom, and we accept nothing less than this as thorough work. How is it in the therapeutic field? Does a blossom of disease show itself in the form of leucorrhœa, of inflammation, or of ulceration? *Nip it off*, cries the popular voice, by the use of hot-water douches or the application of astringent or other drugs, conveyed to the supposed site of the disease by means of the medicated douche, the tampon, the tablet, or suppository. Is the offending organ out of place, from constitutional weakness or other cause? *Prop it up* with tampons, or a pessary. Is it a glandular en-

largement or a morbid growth? *Out it out.* Is it even dysmenorrhœa of perhaps a purely neurotic origin? *Remove the ovaries* and get rid of the pain.

No, no! This is not our legitimate work. These are not homœopathic methods. They suppress rather than cure the disease, and therefore, as avowed homœopaths, we ought to do better.

Second. Disease is not a material entity which has taken possession of the body through external media, and therefore to be forcibly ejected therefrom. This kind of warfare is not in harmony with the curing of disease "in the shortest, most reliable, and safest manner." We must remember that disease is a dynamic disturbance of the vital force, and that harmony must be restored by the dynamic action of a drug which has been properly prepared and administered—a drug which is capable of producing in the healthy organism a disease similar to the condition of the diseased organism.

Therefore the local symptoms which are found in this class of cases are of value to us, as in all other cases, as guides in our selection of the proper means of cure, and should not be suppressed by the indiscriminate and unscientific use of topical applications which are in no sense homœopathic to the case.

Third. We need to remember that it is not the direct action of the remedy which produces the cure, but the curative power of nature incited to reaction by the remedy. Nature is the physician. We are but her servants to discern and apply the subtle force whereby the "sweet bells jangled" shall be so re-attuned as to chime out again, in accordant notes, the matchless harmony of health.

And is there not something inspiring in the thought that to us is given this high privilege of service? To our master, Hahnemann, was given a yet higher privilege—that of discovering and formulating the law whereby such miracle may be wrought. To us, his humble followers, what honor can be higher than that of demonstrating this law in our daily work among the sick?

Is not this a kinship to recognize with pride and loyalty, and

to honor by the constant exercise of the highest mental effort of which we are capable, to the end that we may faithfully and unswervingly apply this law to the healing of disease?

POSTSCRIPT.

Sometime ago I had an opportunity to verify the action of *Cundurango* in ulceration of the lip. A boy of about eighteen came to the office with an irregular, rather deep ulcer on the upper lip, right side, and without other symptoms upon which to base a prescription. One dose of *Cundurango*^{10m} (F.), entirely cured the ulcer without other help. It is folly to make local applications or to use the knife in such cases. The remedy is ever efficient, and sometimes the location forms the keynote for a condition of this kind, though it is not wise to rely on it when we can find symptoms upon which to base a prescription.

The peculiar symptom, "Sensation of something flapping back and forth in the urethra, with itching, soreness, and cutting after urination, and swelling of urethra" (HOMŒOPATHIC PHYSICIAN, Vol. XIV, page 399), led me in a very complicated case to the remedy. It was such a case that I would not have been able to find the remedy without some trouble, but with the aid of this symptom I was led direct to *Argentum-nitricum*. The remedy in the CM potency, the single dose, acted promptly and satisfactorily.

Such peculiar symptoms are valuable as indices to the materia medica and often save very much time and labor. It is needless to say to the readers of *The Organon* that no prescription should be based on a single indication when it is possible to get more, and that no prescription should be made without first verifying the choice of the remedy by the materia medica. It is very seldom I give a remedy without first looking into the pathogenesis of the drug. The patients like to see their doctor careful. Once on the second prescription I gave *Sac-lac.* without opening a book, as the case was doing so well, but the lady came back in a couple of days, saying she was fearful I had been

in too big a hurry and had not done my best, "*as I had not looked into the books.*" One must look as wise in giving Sac-lac. as in giving a true remedy.

SPASMS AND CONVULSIONS.

A. W. HOLCOMBE, M. D., KOKOMO, INDIANA.

[CONCLUDED FROM PAGE 341.]

Jaw, lower. CAMPH.

Limbs, clonic. DOLICH.

Side, left. GLON., IP., CALC-PH.

Side, right, left paralyzed. ART-VUL.

Side, one. CUP.

Side, one, face and shoulder. Aurant.

Attack caused or aggravated by

Abortion, after. Sec-c.

Alcohol, abuse of. ALCOH., NUX-V.

Anger. NUX-V., OP. (*Cham*).

Anger, of nurse. CHAM.

Blood, loss of. CHINA.

Blows or concussions to head. HYPER.

Coitus, after. CEDRON.

Climaxis, during. LACH.

Cold, from a. INDIG.

Cold, from catching. Nux-v.

Contact, least. Bell., CIC-V.

Cooling off, while overheated. ART-VUL.

Catarrh, suppressed. CAMPH.

Dentition. ART-VUL., COFF-CRD., IGT., MAG-PH., MILLEF.,
POD., STAN., VERAT-A., ZINC.

Dentition of eye-teeth. *Chlorum*.

Disturbed, when. Atr-sul.

Drink. CANTH., Lyss., STRAM.

Eczema, suppressed. KALI-M.

Emotion, mental. COFF-CRD., IGT., KALI-BR., Sul.

Eruption, suppressed. AGAR., Ant-t., CALC-C., CAMPH., CAUST., STRAM., SUL.

Eruption, before breaks out. CUP-AC.

Exanthema, at outset of. *Crot-hor.*

Fever and diarrhœa. ART-VUL., HYDR-AC.

Footsweat, checked. SIL.

Fright. AGAR., ART-VUL., Bell., BUFO, CALC-C., CAUST., CUP-AC., CUP., HYOS., IGT., OP., STRAM.

Fright, during menses. *Arg-nit.*

Grief. ARS., ART-VUL., HYOS., IGT.

Heart, valvular diseases of. CALC-ARS.

Indigestible food. IPEC.

Indigestion. NUX-V.

Injury, after. HYPER.

Injury to head. NAT-SUL.

Laughing or crying. Bell.

Labor, after. *Millef.*

Light, bright. CANTH., Lyss., STRAM.

Meals, after. HYOS., IGT., CALC-PH.

Measles, repercussion of. BRY.

Measles, after. CHAM.

Menses, suppressed from bathing. CALC-PH.

Menses, sudden checking of. COCC., GELS., *Millef.*

Menses, before. Carb-veg., IGT.

Menses, during. CEDRON., CIM., KALI-BR., LACH. (*Enanthe*), PLAT., *Tarent.*

Menses, after. IGT.

Menses, at establishment of. *Caul.*

Menstrual disturbances. ART-VUL., *Caul.*

Motion. CUP-AC.

Moving limb. Ant-t.

Noise, sudden. *Sul.*

Onanism. BUFO, CALC-C., LACH.

Opening door. CIC-V.

Ovarian irritation. ATRO-SUL.

Pain. *Vespa*, Bell.

Parturition, during. CHIN-SUL.

Pregnancy. CIC-V.

Pressure on brain during delivery. HEPAR.

Pressure over solar plexus. NUX-V.

Puerperal state. HYOS., VERAT-V.

Puberty. CAUST.

Punishment, in children. IGT.

Religious excitement. VERAT-A.

Sexual indulgences, excessive. KALI-BR.

Scarlatina, suppression of. CAMPH.

Sleep, loss of. COCC.

Suppuration of internal parts. *Bufo*.

Swallow, any attempt to, speaking, current of air, sight or idea of fluids, running water, contact-light, noises or strong odors. LYSS.

Touch. *Sul*.

Trouble, domestic. STAPH.

Uterine irritation. TARENT., VIBURN-OP.

Vaccination, after. SIL.

Vomiting, during. GUAREA-TRICH.

Water, sound of running or falling. CANTH., LYSS.

“ Attacks prevented or ameliorated by ”

Lying on back. IGT.

Lying down. CUP., CUP-AC.

Riding in carriage. NIT-AC.

Water, putting feet in hot. BUFO.

Water, drinking cold. CAUST.

Time of Attack.

Two o'clock A. M. *Kali-br*.

Four o'clock A. M. KALI-BR.

Morning. ART-VUL.

Dawn. PLAT.

Day, during. CALC-ARS.

Evening. CALC-C., CAUST.

Noon, toward. Acon.

Night, at. ARG-NIT., ART-VUL., CALC-ARS., CALC-C., CAUST., CINA, MERC., *Sec-c.*, SIL.

Sleep, during. BUFO, CHLORAF., Cup., HYOS., IGT., LACH., *Op.*

Midnight, at. Cocc., BUFO.

Closing eyes, on, to sleep. HYDR-AC.

Table, at the. MAG-C.

Same hour, returns at. (CEDRON.), IGT.

Every seven days. *Chin-sul.*, Croc-sat.

New moon. BUFO, CAUST., Cup., KALI-BR., SIL.

Full moon. CALC-C., *Nat-m.*

SPITTING OF BLOOD.

Dr. Jas. D. Morgan, of Washington, D. C., in the *Virginia Medical Monthly*, in discoursing upon the need of care in the diagnosis of spitting of blood, says :

Several cases of epistaxis and spitting of blood have come under my care where the hæmorrhage was but a precursor of a delayed resolution in pneumonia. The lungs and stomach I have often seen the outlooks of a vicarious menstruation, and I may state here without resultant bad effect. So it is important not only to locate the hæmorrhage, but more important to establish the cause. A hæmorrhage from the lung is most apt to be considered correlative of phthisis. Even Flint has said that "in a certain proportion of cases it occurs when physical signs do not afford evidence of its existence." A bronchorrhagia may depend solely on a mitral or aortic lesion ; "a sputa streaked with blood or simple bronchitis, or intimately admixed with blood on pneumonia ;" a pulmonary hæmorrhage may be symptomatic of delayed menstruation or impede portal circulation. Sir Andrew Clark speaks of a "non-tubercular hæmoptysis in elderly persons due to structural alterations in the blood-vessels of the lungs in persons of the arthritic diathesis. The hæmorrhage is aggravated or maintained by the administration of astringents." A sudden and great loss of blood may come from a ruptured aneurism into the bronchus, or from an ulceration of some portion of the respiratory tract extending into the adjacent

artery, as has been reported of "the larynx into the carotid artery." Slight spitting of blood may be due to a blow on the chest, or to a mechanical injury, such as a fractured rib; or the cause of the hæmorrhage may not be apparent, as occurs sometimes in the beginning or in the latent forms of certain contagious diseases.

As to hæmorrhage from other parts, as the mouth or nasopharynx, direct inspection will always reveal the source.

Many of the following points in the differential diagnosis of hæmatemesis and hæmoptysis are to be found if sought for industriously:

HEMATEMESIS.

Usually antecedent history of gastric or hepatic disease or portal congestion.

Preceded by nausea and vomiting.

Blood acid, dark grumous, generally more abundant; most likely mixed with food. Tenderness over stomach. Generally blood with stools.

HÆMOPTYSIS.

Usually antecedent history of lung or heart disease.

Preceded by dyspnœa, cough, salty taste; warm feeling over sternum, sense of trickling of fluid in chest, and generally followed by nausea and vomiting. Moist râles on auscultation.

Blood alkaline; bright frothy red. Subsequent cough, with mucus tinged with blood.

These points and others passing rapidly before the mind are but the resources of a thorough diagnostician, and are the footings on which a prompt and successful treatment is laid down.

It is only the *tactus eruditus*, the acoustic ear, the quick, comprehensive, and discriminating eye which can lead us to the adoption of a ready and safe treatment for the spitting of blood.—*Medical Examiner*.

AURUM IN SARCOCELE.—A man had a hard enlarged testicle on the right side, painful to touch. Aurum-met., 15th trit., was given three times a day; the testicle gradually took its normal size and became softer, and in six weeks patient was discharged cured.—*North American Journal of Homœopathy*, April, p. 249.

A FEW MORE "THERAPEUTIC HINTS."

C. M. BOGER, M. D., PARKERSBURG, W. VA.

Sensation of heaviness in glands, especially in mammæ, IODUM. This is a key-note. Vertigo due to scanty or suppressed urine, Anacardium. Chill starting in bladder or neck of bladder, *Sarsaparilla*. Chill starts in small of back going both up and downwards, Ruta-grav. Rheumatism of the hip joints, especially when throbbing (Stram.) is present, *Mag-m*.

BOOK NOTICES.

THE TRAGICAL HISTORIE OF OUR LATE BROTHER, ROBERT, EARL OF ESSEX. By the Author of Hamlet, Richard III, Othello, As You Like It, etc., and of the newly discovered tragedy, Mary Queen of Scots. Deciphered from the works of Sir Francis Bacon by Orville W. Owen, M. D. Detroit, Michigan: Howard Publishing Company. London: Gay & Bird, 5 Chandos Street. Paper cover, price, 50 cents.

This volume is still another one of the wonderful discoveries made by Dr. Orville Owen in the text of the plays attributed to Shakespeare by means of the wonderful cipher-key.

In this story, which is constructed in the form of a play, it is revealed that the Earl of Essex was the son of Queen Elizabeth, and therefore own brother of Francis Bacon. Essex was of a frank and generous nature, hot-headed and rash.

Irritated by the queen's interference with him he became exceedingly angry and impertinent. To quiet him the queen promised him he should be made Duke of York. This promise she never meant to keep, and when delay after delay occurred, and the ducal crown was not awarded him, he became very importunate and even threatening. The queen then ordered him off to Ireland to suppress a rebellion there.

He seems to have acquitted himself well in this task, but returned to England suddenly without having first gained the queen's consent. Forcing himself into the queen's presence he once more demanded his dukedom. His manners exasperated the queen, who soundly boxed his ears. He then left her presence and inaugurated a rebellion. This rebellion did not rise above the dignity of a town riot. He was captured and the riot suppressed. He was then tried for high treason, the prosecuting attorney being Lord Bacon, who

was literally dragooned into taking this position by the queen. She openly threatened him with death if he did not comply, and so he appeared against his own brother, trusting that the queen would relent at the last moment, and not allow her own son to be executed. He also trusted to his own powers of intercession. But he reckoned without his host. Back of the queen urging her on to extreme steps was her favorite, Robert Cecil, son of Lord Burleigh. This monster in crime and cruelty, having a bitter resentment against Essex, induced the queen to sign his death warrant, and so the Earl was turned over to a couple of blood-thirsty executioners, who first bound him, then with steel levers gouged out both his eyes, after which they led him to the block and beheaded him!

Remorse for the part he had played in the tragedy caused Bacon to record the details of the affair and then to conceal them under the cipher-key in the Shakespearean plays so as to insure the narrative against destruction at the hands of the queen or her successor. It is noticeable that the proceedings of the court where Bacon played his shameful part are carefully omitted from the story as though Bacon could not bear to enter into the details of his own degradation. Yet it contains most severe self-reproach and grief, more deep, more bitter, because of unatoned wrong and unavailing regret. It is one of the most dreadful stories of the cipher revelation.

PRACTICAL URANALYSIS AND URINARY DIAGNOSIS. A Manual for the Use of Physicians, Surgeons, and Students. By Charles W. Purdy, M. D., Queen's University; Fellow of the Royal College of Physicians and Surgeons, Kingston; Professor of Urology and Urinary Diagnosis at the Chicago Post-Graduate Medical School. Author of *Bright's Disease and Allied Affections of the Kidneys*; also of *Diabetes: Its Causes, Symptoms, and Treatment*. With numerous illustrations, including photo-engravings and colored plates. In one crown octavo volume, 360 pages, in extra cloth, \$2.50 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

For this work we have only unqualified commendation. It contains the latest and best information upon the subject of the analysis of urine. In addition it contains an excellent account of the various kidney diseases and the method of diagnosing them. The renal diseases that have been considered in this book are as follows: Acute renal hyperæmia, passive renal hyperæmia, acute diffuse nephritis, chronic diffuse nephritis, acute and chronic interstitial nephritis, amyloid or waxy kidney, cystic disease of the kidney, renal tuberculosis, renal cancer, renal embolism, hydronephrosis, pyonephrosis, chronic pyelitis, and movable kidney.

These diseases are especially enumerated because, as every practitioner

knows, there has been such continued controversy ever since the time of Bright, about 1828 or 1830, concerning the disease or assemblage of diseases to which his name was given. Every authority has given a different classification, a different set of names, and consequently different views of their nature. This is well seen by comparison of what is here said with the review of a book on Bright's Disease, by Dr. Robert Saundby, noticed in *THE HOMOEOPATHIC PHYSICIAN* for July, 1889, page 309.

Of course this book is not written with the prime object of discussing Bright's Disease. It is intended, instead, as its name sufficiently shows, to be a treatise upon the nature of the urine, the changes in it, and the method of detecting the changing elements, and the diagnosis of the urinary diseases. This mission it accomplishes very well, and it is, therefore, a fit successor of the old and justly celebrated work of Robertson.

With regard to the analysis of the urine, the author recommends as the best test for sugar in the urine, the formula of Prof. Walter S. Haines, of Chicago. This formula originally was as follows: Cupric sulphate, pure, 30 grains; pure glycerine, 4 drachms; caustic potassa in sticks, 3 drachms; distilled water, 6 ounces. This formula has been simplified as follows: Copper sulphate, 30 grains; distilled water, $\frac{1}{2}$ ounce; make a perfect solution; then add glycerine, pure, $\frac{1}{2}$ ounce; mix thoroughly and add 5 ounces of liquor potassa. In testing with this solution take about 1 drachm and gently boil it in a test-tube. Then add not more than six or eight drops of the urine to be tested, and again boil carefully. If sugar be present, a copious yellowish red precipitate falls. The absence of this precipitate denotes the absence of sugar. This test is very reliable, does not change by keeping, and so is always ready for use. Elaborate directions are given for the quantitative testing for sugar also.

For albumin, the author gives all the usual tests, but points out the liabilities of error, especially in the test with heat and nitric acid. Thus the albumin may fail to be detected, because it combines with the acid to form a soluble compound called syntonine, which thus escapes the eye. Again, if the acid be insufficient and the phosphates be in excess, then a portion only of the phosphates will be acidified and the remainder will combine with the albumin, forming a soluble compound which cannot be precipitated. On the other hand, the precipitate may be not only albumin but globulin and mucin, which makes confusion. In view of these errors the author gives a modification of the old tests. This modification is especially useful where the percentage of albumin present is very small.

The author's method is as follows: Have at hand a solution of chloride of sodium, or table salt prepared by saturation and filtering, so that it is perfectly clear. Then add a little of this salt solution to the sample of urine to be tested, so as to raise the specific gravity. Into an ordinary test-tube pour in enough of the urine, so diluted, to fill it two-thirds full; add one or two drops of strong acetic acid, and boil the upper inch or so of the urine over a spirit lamp for about a minute. If albumin be present it will appear in the upper boiled portion of the urine as a more or less pronounced milk-like tur-

bidity, while the lower or unboiled portion remains perfectly clear in strong contrast. "This test," says the author, "possesses all the sensitiveness of the heat and acid test for albumin and avoids the mucin reaction."

The other abnormal constituents of the urine are treated of, and the tests given with the same ability as in the two cases before cited, and so it would appear that this work fills every requirement of the earnest student of the disorders of the urinary tract.

THE SCIENCE OF HOMŒOPATHY ; or, A Critical and Synthetical Exposition of the Doctrines of the Homœopathic School.
By Charles J. Hempel, M. D. Third edition. Philadelphia : Boericke & Tafel, 1894.

This well-known book has been before the profession for about twenty years, the present work being its third edition. It is a critical exposition and defense of Homœopathy by a learned man, who is one of the most familiar figures in the new school of medicine.

The author declares that the book is specially written to enlighten the allopathic profession. In his preface he says: "The orthodoxy of an allopathic physician would be doubted by his co-members of medical societies if he dared to publicly acknowledge his belief in the curative efficiency of reasonably small doses of medicine, when administered in accordance with the homœopathic law, *Similia Similibus Curantur*; there is not one of them who has anything but derision and contumely with which to refute the claims of Homœopathy as a therapeutic system of practical value and importance. To these gentlemen of the old school I here offer a volume which will enable them to acquire the knowledge which they are so much in need of, and which will establish some foundation for their claim of being considered 'physicians.' A practitioner armed with this knowledge would cease to be a blind empiric, and would combat the enemy, *Disease*, with all the resources which an enlightened and truly rational science would suggest."

Dr. Hempel does not approve of the high potencies. He enters his solemn protest against them on page xxvii, and calls them a "lamentable and disgraceful perversion of Hahnemann's original method of preparing his attenuations."

All throughout his life he was a bitter and persistent opponent of the high potencies. But he was also an advocate of illogical and glaring perversions of Homœopathy in the direction of rational medicine, and this, consequently, weakened, if it did not completely destroy, the force of his blows at the high potency "perversions." There is, of course, a certain amount of error in the teaching and practicing of high potencies which ought to be eliminated. In this error may be included the revived theory of Isopathy lately introduced into the "regular" school of medicine, and the recently adopted idea of certain practitioners that if a remedy be only potentized, then it becomes a simillimum, whether its symptoms correspond or not with the case in hand. Both of these ideas Dr. Hempel could have materially checked if only his

own record had been clear of the charges of "mongrelism" or eclecticism. Unfortunately, his own armor was vulnerable in the part just indicated, and so he was not able to render the efficient service so necessary. Another trouble with Dr. Hempel which weakened him as an authority was his strong partiality for Aconite, which became with him almost a monomania. The writer of this review is well acquainted with physicians of unimpeachable testimony who declare that when they were students sitting under the teaching of Dr. Hempel, he would expend two-thirds of a session in lecturing upon Aconite, and at his clinics would administer Aconite to more than half the patients who came before him. At the examination of a patient he would turn to the class and say, "Gentlemen, what *can* we give him but Aconite?" This, of course, was a glaring folly which seems unexplainable in view of his great learning, sufficiently shown in the book before us.

Dr. Hempel indelibly impressed his name upon the homœopathic school by his extraordinary industry in translating into the English language every one of Hahnemann's writings, and almost every other book upon Homœopathy that was written in the German language. His translations are usually regarded as exceedingly faithful to the originals, and as showing a high order of ability. Notwithstanding this general opinion, there were not wanting enthusiastic followers of Hahnemann who accused him of inaccuracy in his translations. Perhaps the boldest of these accusers and most implacable antagonist of Dr. Hempel was the late Dr. Lippe. When the writer of this article was a student he had the good fortune to be introduced to the study of materia medica by the lectures of Dr. Lippe, as has been before stated in the editorials of this journal. We well remember the open accusation made by Dr. Lippe that Dr. Hempel did not "approve" of much that Hahnemann taught, and that when, in the course of his translations into English, he met with statements he did not like, he would alter the meaning of the original words so that the translation should give a meaning in accordance with his own ideas. Then the lecturer would exclaim, with "dramatic emphasis," that no earnest seeker after the truth of Homœopathy should ever read any book "translated by Charles Julius Hempel," whom he further denominated "a penny-a-liner," and then, as if addressing a student whom he had caught with one of the forbidden books, he would say, "You must not read that book," and picking up his book of lecture notes, would put it under his arm and make a motion as if walking off with it to illustrate his contempt of Dr. Hempel's writings. Whether these accusations of Dr. Lippe were really true, especially to the extent that Dr. Lippe claimed, we are unable to say, but the above reminiscence is brought to mind by reading Dr. Hempel's book, and it is given to the profession as an interesting item that throws some light upon the characteristics of both Hempel and Lippe.

Notwithstanding, Dr. Hempel has rendered a great service to Homœopathy, and it is not easy to get hold of any of the older homœopathic works that he has not translated. They are standard works to-day, and are likely to continue so until a more able and thorough materia medica, clearing up all doubtful points, shall be published, and thus displace them.

MODERN GYNECOLOGY. A Treatise on Diseases of Women, comprising the results of the latest investigations and treatment in this branch of medical science. By Charles H. Bushong, M. D. Illustrated. New York: E. B. Treat, No. 5 Cooper Union. 1893. Price, \$2.75.

The object of this book may be found in the publisher's preface. We quote for the benefit of our readers:

"This work is designed to fill a place in progressive medicine, and because of its need is here; not as an encyclopædia or manual covering the whole subject, but as a treatise on the *practice of to-day*, 'what to do and how to do it' in the department which it covers."

Turning now to the author's introduction, we quote again:

"The number of books on the diseases of women is already large—so large that it may well be a question if the matter is not already overdone. A glance at the size and pretensions of these works, however, will show that they are all written from one standpoint, that of the specialist. But what of the family physician, of the general practitioner? What is being done for him? This query is especially appropriate for the man who graduated twenty, fifteen, or even ten years ago. When the facilities to-day offered in the best medical colleges for acquiring a knowledge of the diseases of women are compared with those these men had, can we wonder they feel unprepared for this class of work? When they seek to post themselves they are offered a book as large as the volume from which they studied the entire subject of practice of medicine when a student. Is it surprising that busy men should feel their time inadequate for mastering so large a subject? Yet these men are the very ones who should know *well* the essentials of gynecology. To the family physician the women of the family naturally turn as the friend and adviser on whom they can rely. He has been with them during all other forms of illness and is expected to advise them now."

* * * * *

"The effort of this book is to place before the physician a clear common-sense statement of the symptoms of the various diseases of the female sexual organs; to indicate in detail the methods of treatment that can be applied by him, and also to indicate in brief the methods requiring the aid of a specially-trained consultant of larger experience."

These quotations indicate more clearly than any statement we could make what is the value of this candidate for professional favor.

Turning now to the pages of the text we find that the author has done what he promised to do. He has taught all the minute practical points. Prominent among these are the various steps required to be taken in introducing sounds, pessaries, and other apparatus, all abundantly illustrated. Many a physician will be only too glad to have his ideas cleared up upon the art of placing a pessary. The expert specialist will hardly appreciate it. But then it is not intended for him.

GOUT AND ITS CURE. By J. Compton Burnett, M. D. Philadelphia: Boericke & Tafel. 1895. Price, cloth, by mail, 90 cents, net. By mail, 95 cents.

This book is the latest addition to the library of clever monographs by that agreeable writer, Dr. Burnett.

The writer considers that there are two kinds of gout—surfeit gout and exhaustion gout.

Surfeit gout must be treated by abstemiousness, and the author has seen “attacks of this kind of gout brought on by a single bottle of beer or a pint of even the driest champagne, and on one occasion from eating gooseberries.”

Exhaustion gout, on the other hand, needs stimulants and generous diet. Thus the author saw a case of this kind of gout which had been brought on by the spare diet prescribed by a certain antifat doctor.

If there are cases which appear to be due to surfeit, and so need abstinence, and other cases due to exhaustion, and so need stimulation, there are also cases which seem to partake of both qualities, surfeit and exhaustion. These cases puzzle the physician, who must choose between stimulation and abstinence in his treatment.

In this dilemma he simply stimulates and tries to get a favorable result from variation in the character of the stimulant.

Thus he allows such patients “a small quantity of dry champagne for dinner once or twice a week, the same quantity of a sound claret once or twice a week, and whiskey and water, or whiskey and soda-water, on other days.”

To a man up a tree gazing on the landscape through homœopathic glasses, this declaration comes as a genuine surprise from a homœopathic physician. Especially as over in one corner of the field he may see a little group of strict simillimum fiends curing their cases by just earnestly seeking the similar remedy and ignoring these pathological suggestions that lead up to rational treatment.

Dr. Burnett also resorts to the similar remedy, and he mentions over the remedies that have been beneficial. They are Natrum-muriaticum, 6th trituration; Aurum-muriaticum, the third decimal; Aurum-muriaticum-naturatum, third decimal; Jaborandi and its alkaloid Pilocarpine, and lastly, and most important, Urtica-urens. This drug is regarded by Dr. Burnett as by far the most important medicine that can be used in the treatment of gout.

Patients under the influence of Urtica-urens in small material doses passed large quantities of gravel in the urine, and in one case related, gravel appeared in the stool.

The indications for it in gout are the presence of gravel in the urine; fever, coming on at night; a previous history of malaria; *pain in the region of the spleen*; vertigo, with tendency to fall forward, and headache.

The key-note to these cases of gout seems to be the pain in the region of the spleen.

Much more is said than is here stated; and it is said in the most captivating manner, too. This makes it more impressive; but we have not the space to

reproduce these statements. As this review hardly does justice to the book, all who are interested should get their ideas of it clear by reading it for themselves.

TRANSACTIONS OF THE ANTISEPTIC CLUB. Reported by Albert Abrams, a member of the San Francisco medical profession. Illustrated. New York: E. B. Treat, 5 Cooper Union. 1895. Price, \$1.75.

This unique book is a caricature of the present craze for antiseptis. It is a story of the doings of a lot of doctors who are strong advocates of the germ theory of disease, and, of course, all their acts are an unmerciful satire of the whole science of bacteriology.

The author is a clever wit, and hence his book is highly entertaining, and must prove a great success.

STANDARD SCHOOL BOOKS.

Messrs. Funk & Wagnalls, the publishers of the now celebrated *Standard Dictionary*, so frequently referred to in this journal, are about to publish a series of school books, modeled somewhat on the plan of the *Standard Dictionary*, and serving as complements to it. These books are as follows: *Students' Standard Dictionary*, *Students' Standard Synonyms*, *Students' Standard Speller*, *Standard First*, *Second*, *Third*, *Fourth*, and *Fifth Readers*. All these will be noticed in these pages as they appear.

THE STANDARD DICTIONARY of Funk & Wagnalls.

"Three eminent foreign scholars, Professors Skeat, Max Müller, and A. H. Sayce, have united in giving highest praise to the new American dictionary, published by Funk & Wagnalls. Professor Sayce, of Oxford University, is quoted as saying: 'The *Standard Dictionary* is truly magnificent, and worthy of the great continent which produced it. It is more than complete, and the amount of labor that has been bestowed upon it, and more especially upon the settlement of the pronunciation, must have been enormous. It is certain to supersede all other existing dictionaries of the English language.'"—*The New York Tribune*, July 9th, 1895.

HANDBOOK OF DISEASES OF THE EYE. By Dr. A. Eugen Fick, of the University of Zurich. Authorized translation by Dr. Albert B. Hale, of Chicago. In preparation for early issue. The retail price will be from \$3.00 to \$4.00. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street.

"NURSERY ETHICS"

Is the title of a valuable little volume upon parental government which The Merriam Company are about to issue. It is from the pen of Mrs. Florence Hull Winterburn, and is marked by the practical good sense and

deep insight into human nature which have distinguished the many short articles that have appeared from time to time under her name. It is in press, to appear early in September. It is said to be the most striking and original volume which has yet been published upon a topic that at the present time engrosses so large a share of public attention. The author's excellent work in the magazine *Childhood* has established her reputation as an authority upon child training, and the appearance of this book is awaited with much interest.

NOTES AND NOTICES.

DR. WM. D. GENTRY, whom we announced in the April number, at page 200, as having established a sanitarium at Fort Union, New Mexico, has been obliged, by adverse circumstances, to abandon that location and to remove to Las Vegas, New Mexico. This change of base has had the unfortunate effect of delaying the publication of the *Record of Materia Medica*. It will, however, be resumed before long, as he desires it to be a complete work before the opening of the new century.

DR. M. R. LEVERSON, the Secretary of the Anti-Vaccination Society of America, is willing to make engagements for the delivery of lectures. He ought to be paid, but where funds are lacking he will lecture gratuitously. Thanks to the generosity of designer Weyprecht his lectures are illustrated. As Dr. Leverson is a highly successful lecturer on legislative science, social economy, and sanitation, arrangements might be made with reform clubs, economic circles, single-tax clubs, Y. M. C. A. lyceums, and mechanics' institutions, whereby expenses and receipts might be shared. His address is Port Richmond, Staten Island, New York.

ORIFICIAL SURGERY.—Ninth annual course of instruction, by E. H. Pratt, A. M., M. D., LL. D., Professor of Orifical Surgery in the Chicago Homœopathic Medical College, Consulting Surgeon of Cook County Hospital, and Surgeon-in-Chief of the Pratt Sanatorium, will be held at the Chicago Homœopathic Medical College, September 2d, 3d, 4th, 5th, 6th, and 7th, 1895, corner of Wood and York Streets, Chicago.

THE AMERICAN ASSOCIATION OF ORIFICIAL SURGEONS will hold its eighth annual session at Apollo Hall, Central Music Hall, Chicago, September 4th and 5th, 1895, at 3 and 8 P. M. It promises to be the most interesting meeting of any in the history of the society. Arrangements have been made for practical papers by practical men. The programme is sufficient guarantee of a most profitable and interesting meeting.

As the Society is held in connection with Prof. Pratt's class in Orifical Philosophy, it affords a most opportune time for progressive physicians to renew their acquaintance with the subject, and learn of the results, not only from the master, but many of his followers.

You are cordially invited to be present and participate in its privileges.

You are also urged to use your influence in securing the attendance of all fellow-practitioners. This is a society for the modern doctor, and all are welcome.

THE HOMŒOPATHIC MEDICAL SOCIETY, of the State of New York, will hold its forty-fourth semi-annual meeting at New York, October 1st and 2d, 1895, and its forty-fifth annual meeting at Albany, February 11th and 12th, 1896. President, Dr. Charles E. Jones, 140 State Street, Albany. Vice-Presidents, Drs. W. B. Gifford, of Attica; D. J. Roberts, New Rochelle; W. Louis Hartman, Clyde. Secretary, Dr. John L. Moffat, 17 Schermerhorn Street, Brooklyn; and Treasurer, Dr. Charles Deady, 110 West 48th Street, New York.

SOUTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.—The next regular meeting of the Southern Association will be held in the city of St. Louis, in November, 1895. The meetings of this association have been growing in interest, value, and attendance, until now they rank next to the meetings of the American Institute. It is, perhaps, unnecessary to remind the profession of the benefit that will accrue from attendance on the annual gatherings of such a body of scientific medical workers, but it has been thought best to suggest that active participation in the transactions, by furnishing papers and by debating others that may be read, is a duty that should not be neglected. Next to and, in fact, equal with the live up-to-date professional information furnished by medical journals, is that obtained by attendance on medical societies, to say nothing of the fraternal and social pleasures enjoyed at the meetings.

No progressive, enlightened physician can afford to stay away from these meetings, and we confidently expect a large attendance.

The exact date of meeting, together with railroad and hotel rates, will be published in due time, and this reminder is only sent out at this early date to urge the members of the profession individually to commence now to make arrangements to come and to stimulate them to think up a topic for the paper to read. Wm. C. Richardson, M. D., President.

AMERICAN INSTITUTE OF HOMŒOPATHY.—CHICAGO, July 1st.—[Editor of *The Tribune*.]—The item in this morning's issue of *The Tribune*, relating to the American Institute of Homœopathy, is not true. The American Institute is in session at Newport, not Watch Hill. It did not elect Dr. Fink President. The meeting at Watch Hill was the International Hahnemannian Association, a small body of seceders from the American Institute, and composed of high potency, anti-vaccination cranks.—*H., Chicago Tribune*.

THE WOMAN'S INTERNATIONAL PROVERS ASSOCIATION met at Newport and presented reports on provings of two drugs. That by the branch on the Pacific Coast, on Viburnum-opp., will be published in *Trans.* The proving of Ferriod, by the other members being incomplete, will not be published this year. The officers were re-elected and another drug chosen for work the coming year. Drs. Millie Chapman, President; Sophia Penfield, Secretary.

THE MISSING LINK FOUND.—Dr. D. G. Brinton writes to *Science* under this title, and says that Dr. Eugene Dubois, a Dutch army surgeon stationed in Batavia, Java, has found the "link." He, the surgeon, describes three fragments of three skeletons which have been exhumed from the early pleistocene strata of Java, and which introduce to us a new species, as well as a new genus and a new family, of the order primates, placed between the Simiidae and Hominidae.

The material, we are told, is sufficient for a close osteological comparison. The cubical capacity of the skull is about two-thirds that of the human average. It is distinctly dolichocephalic, about seventy degrees, and its norma verticalis astonishingly like that of the famous Neanderthal skull. The dental apparatus is still of the simian type, but less markedly so than in other apes. The femora are singularly human. They prove beyond doubt, says Dr. Brinton, that this creature walked constantly on two legs, and when erect was quite equal in height to the average human male. Of the various differences which separate it from the highest apes and the lowest men, it may be said that they bring it closer to the latter than to the former.

The line of descent, according to Dr. Dubois, is: Prothylobates, Anthropopithecus sivalensis, Pithecanthropus erectus, Homo sapiens.

The discovery of Dr. Dubois leads him to think that man originated on the southern slopes of the Himalayan chain, which is, after all, not so far from the Garden of Eden, and is just south of the present abode of the mystical Mahatmas. We trust that Dr. Dubois is *homo sapiens*.—*The Medical Record*.

A DOCTOR'S SUGGESTIONS.—Said a prominent physician to a St. Louis *Republic* writer the other day: "Why is it that authority for performing marriage ceremonies is not lodged in the hands of doctors instead of being given to the ministers? Of course, I do not advocate such a course as was taken by Lycurgus to make the people of his country a race of perfect physical beings, but there are many mild steps toward this end which might be taken by the rulers of this country. What is a minister supposed to know about whether two certain persons should marry or not? If a crippled, red-headed man, weighing 105 pounds, comes to him with a request that he be joined to a deformed, red-headed woman weighing 300 pounds, he ties the knot, waiting only long enough to examine the license and collect his fee. Now physicians have enough to do, but I believe it would be a good thing for this country and for the human race if they were given this authority, and would exercise it properly. If I had my way no two should be united for life unless they had good, strong, and sound physical make-ups. Then I would never marry two blondes, but would always require a blonde to secure a brunette for a partner. If this were done we would have fewer red-headed, weak-eyed people, and besides becoming more beautiful as a race, we would soon become stronger and longer-lived."

TREATMENT OF ASIATIC CHOLERA.

BY ELMER LEE, A. M., M. D., PH. B., CHICAGO.

Spasmodic cholera—called also malignant, epidemic, Asiatic, Indian, blue, and pestilential cholera—is generally epidemic, though not contagious. The first symptoms are generally experienced during the night, sometimes beginning with a light general uneasiness and moderate diarrhœa; at other times the symptoms come on violently and follow each other rapidly. In fatal cases death usually occurs at some period between six and twenty-four hours; in a few fatal cases the patient lingers two or three days. The ordinary course of symptoms are more or less diarrhœa; the discharges at first feculent, but soon presenting the appearance of rice-water or gruel; there are flying pains, or sense of coldness in the abdomen, as if purgative medicine were about to operate; the countenance is pale; there is nausea, vomiting, prostration of muscular power, and nervous agitation; cramps in the legs, arms, loins, and abdominal muscles, more or less severe; small, weak pulse, intense thirst, and urgent desire for cold water; in most cases cold, clammy skin; all these symptoms may appear successively or almost simultaneously. In some cases the premonitory symptoms exist for eight or ten days; and sometimes the patient is prostrated at once. When the disease comes on suddenly the cramps usually begin in the fingers and toes, rapidly extending to the trunk; the eyes are sunken and surrounded by a dark circle; there is vomiting and purging of white matters mixed with flocculi; the features are sharp and contracted; the expression of the countenance wild and confused. The face, extremities, and often the whole surface of the body manifest a varying intensity of a leaden, bluish or purplish hue; the extremities shrunken, the nails blue, the pulse thready or wholly imperceptible at the wrist, arm, axilla, temple or neck; there is great restlessness, incessant jactitation, severe pain in the epigastrium, loud moaning or groaning, difficult and oppressed breathing; difficult inspiration, with short and convulsive expiration; voice hoarse, whispering, or nearly suppressed and plaintive; the tongue is white, cold, and flabby, and the external temperature often sinks below 80 degrees; convulsions recur at short intervals, or a constant tremor exists. The secretions of bile, saliva, tears, and urine are entirely suppressed, and a cadaverous odor exhales from the body. The patient retains his faculties to the last.

Some of the symptoms may be disproportionately severe, or may be entirely absent. Those usually regarded as pathognomonic are: watery dejections, blue appearance of the countenance or surface, thirst, coldness of the tongue, and pulselessness at the wrist.

The foregoing description of the symptoms of cholera is indicative of the nature of the disease calling for human aid. The time in which to treat the patient sick with cholera is exceedingly limited. What is to be done must be

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executed with rapidity. There is not a moment to lose between the time when the patient is first seen and the accomplishment of severely practical efforts. Many wise theories may be promulgated, but there are few practical measures that will avail against Asiatic cholera. The experiences during the cholera epidemic of 1892, in Europe, both in Russia and Germany, produced in me a profound conviction that, for the most part, remedial agencies that have been used are of questionable utility. Nearly every prominent remedy proposed and tried has been found to end in greater or less disappointment. Years ago, great reliance was placed upon the far-famed "mild chlorid of mercury." Twenty and ten years ago this remedy was given in large doses. Three years ago, during the latest epidemic, small doses prevailed. Next to this, the synthetic drug salol, the product of the laboratory of the Imperial Institute of Experimental Medicine in St. Petersburg, was the most widely used and the most favorably received. Professor Nenski, the originator of salol, personally informed me that the value of the drug could not be seriously recommended as of much importance, but that it perhaps answered the requirements as far as any drug could answer, in the hands of his colleagues. Widely circulated and various reports, enthusiastically commending and moderately commending this remedy were received by the Professor in St. Petersburg, but he himself was silent as to its efficacy. The far-famed and seemingly unmatched drug, quinin, has been used, and has been held as a dazzling gem before the eyes of the profession by some of our best men, who believe that cholera is analogous to malarial disorders, and consequently the medicine which occupies the position of keystone in the arch, for malarial treatment, is a remedy suitable to contend with the rapid and desperate symptoms of Asiatic cholera. Quinin has a stout advocate in our own country, in the person of a well-known professor in one of the Ohio medical colleges. It was not used, to my knowledge, in the treatment of cholera during the last epidemic in Europe.

A remedy was brought to Hamburg during the latter part of the epidemic of 1892 by the representative of an English syndicate, who posed as a chemist, not a physician. His remedy was a preparation of iodine, to be administered through the mouth. He called the medicine a periodate, and made some experiments upon patients in one of the cholera hospitals in Hamburg. His remedy, however, was not favorably entertained by the medical authorities in charge of the cholera patients, and whatever claims were reported came through the interest of a friendly correspondent of one of the Hamburg weekly secular papers. To show how misleading some of our supposedly authentic information often is, it is only necessary for me to refer to the report given in the "Year Book of Medical Progress," published in Philadelphia. Of all the progress made, of all the combined investigations during the entire epidemic of cholera throughout Europe in 1892, and there was an immense amount of original investigation and great effort made to discover a remedy, the curious spectacle in the Year Book, which alone refers to the remedies brought by an agent of a syndicate from London to Hamburg, at the closing of the epidemic of cholera, shows that there are some things in our profoundest medical publications that are to be taken *cum grano salis*.

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Uretin was extensively used hypodermically for its alleged influence upon the secretions of the kidneys, upon the ground that the kidneys were to be aided by irritating them to greater functional activity to eliminate morbid elements through the urine. The result of many investigations recorded in Russian practice show that this drug is not to be commended. Digitalis was used, supposedly to benefit a weak heart. This remedy, if at all useful, could be little more than palliative. The use of acidulated water was extensively employed in different hospitals in Europe as a drink, but not prescribed as a remedy. The water was acidulated with HCl and H_2SO_4 . Subcutaneous injections of salt water were made. The proportion of salt was one-half of 1 per cent., and the amount of salt water injected subcutaneously was sometimes as much as a quart at a single injection. In one instance, during an illness of several days, as much as thirteen quarts was subcutaneously injected into the cellular tissue, principally that of the abdominal wall. This process of subcutaneous injection was known as hypodermaclysis. The purpose of the hypodermaclysis was to maintain the volume of the blood. The diminished volume of the blood is directly the result of the waste of its liquid portion or serum into the alimentary canal. In this serious discharge, flakes of intestinal mucus gave the name of "rice-water discharges" to the bowel evacuations, the particles having a resemblance to grains of rice. The general inflammatory state of the intestinal mucous membrane, throughout its entirety, drains the blood of its liquid portion rapidly, and collapse due to stagnation of circulation quickly ensues.

The remedies mentioned are only a portion of those tried, but there is no living advocate who to-day can point with unerring certainty to one single organic or inorganic substance, howsoever administered, that can be safely depended upon in the treatment of Asiatic cholera. Both botany and mineralogy have been searched in vain for a cure for this disease.

The cause of this disease is perhaps accurately stated to be due to invasion of the blood and, secondarily, of all the tissues of the living organism, by toxins or ptomaines, which originate in the upper portion of the small intestine at the early stages of cholera. These products of organic activity, whether of animal or vegetable organisms it is here unnecessary to debate; but these noxious products enter the circulation through the villi of the intestine and rapidly and desperately poison the blood. It is clearly proved that the disease is the result of general blood poisoning from an intestinal origin. Whatever the chemic nature of the poison may ultimately be found to be, may be safely left to the bacteriologic laboratory. The practical and intensely important part that remains for physicians seeking to cure patients in times of this disease is to realize how much, as well as how little, it is within human power to do. The human organism is prostrated by a fierce and deadly poison. This poison is in the blood and in the cells of the tissues, and its work of destruction is quickly and effectually accomplished. Reflectively, to say nothing of experimental research, it would seem to me that the rational and only course that could be advocated with scientific assurance of relief is to, as far as possible, literally cause to be removed these products which are

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death-dealing to the body in which they happen to be found. Now, in this same reflective mood, think for a moment and try with me to determine whether it is possible in such conditions as produce the symptoms of Asiatic cholera, it is safer to introduce other poisonous products to neutralize the noxious elements in the blood and cells, or whether it is a better process to, without the introduction of additional foreign substances, remove what we already find in the blood. To make this proposition clearer, it could be stated in another way, namely, the body is already bearing a crushing burden; shall we add other foreign substances as an additional burden to the load already carried? The principle seems to me to be at fault. The principle is the principle of allopathy, but in the light of facts is it a safe principle to follow? It is reasonably scientific to produce in the laboratory definite results in vessels of glass by the use of fixed reagents; in the organic laboratory of the living body, no such definite results can be demonstrated. The vital principle is an entity which enters into the formula and may be represented by the unknown quantity x in algebraic equations. Great and laudable efforts have been made to prevent as well as to cure this disease by inoculation.

Ferran, of Valencia, Spain, thrilled the world ten years ago with his proposition of a universal cure for this disease. His glory was then at its zenith. His fame has long since faded. So obnoxious became his proposition to the government of Spain that laws were adopted to suppress Ferran's cholera inoculations.

A worthy colleague and laborous investigator, Professor Haffkin, of Pasteur Laboratory fame, proposed a modified inoculation for the prevention and cure of cholera in 1892. A reporter of the New *New Herald* was inoculated at the Pasteur Institute, and with credentials sent to expose himself to Asiatic cholera at Hamburg in September, 1892. The same reporter had been similarly inoculated by Ferran in 1886 and had the courage to make further exploits in behalf of his newspaper, at Hamburg. A very widespread opinion prevails in America that the exploit of the New York *Herald* reporter during the ten days' stay as a nurse in the Hamburg hospital constitutes a proof of the validity of Haffkin's claim, but the scientific world of Europe knows differently. *En passant*, it may be interesting to state at this place that further experiments have been made by Professor Haffkin in India with the cholera inoculations, and, unfortunately for the proposition, reports have recently come to me from reliable medical sources, that a greater percentage are attacked with cholera who have been previously inoculated than of those who have not been inoculated. This subject of prevention, however, is to be discussed by me in a paper to be read before the Section on State Medicine.

The result of prolonged reflection, covering many years, and the observations resulting from personal experience in the cholera epidemic in Europe of 1892, is the conviction that there is provided in the laboratory of the universe a remedy which surpasses the results of human ingenuity as much as does the sun surpass in brilliancy the light of the artificial lamp. The all-pervading and all-wide remedy, the greatest product of omniscient nature's laboratory, which alone can cope with this pestilential disease of the human

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race, is nothing more and nothing less than the unmatched, unmatchable H_2O . Pure water is absolutely the only trustworthy cure for cholera, and if it came at a great price it would probably be more greatly valued. The human organism is so constituted that if it is assisted by H_2O , every morbid element may be eliminate^d out of its domain. The acutely poisoned body quickly recovers its equilibrium and its harmony of action as soon as the processes of elimination can remove the invading poison. In the construction of the mucous lining of all the accessible cavities and channels it is prepared by an undiscernible law to successfully resist the entrance of every form of organism. The products of organic action alone are able to pass into the blood. If sufficient quantities of pure water, of a suitable temperature, are introduced into the body through the natural channels, it is actually possible to wash morbid products as well as organic forms of life out of the human body. The mouth gives entrance to the causative germs in Asiatic cholera. That is quite conclusively established. The locality of the development and formation of the toxin in the earlier stages is determined to be in the upper end of the small intestine; and from experience, as well as from the powers of reflective analogy, there is no doubt that the system can be saved from death if the morbid entity, the germ, is literally deluged away from the alimentary canal by the copious use of a remedy that cannot be of the slightest danger to the victim. The amount of water to be used varies in different cases. It is impossible to use too much; it is possible to use too little. From the earliest moment that the patient is seen, the propositions should be, first, wash the whole alimentary canal with pure water; wash the lower portion by introducing irrigations of warm soapsuds or merely warm water into the colon sufficiently frequently and sufficient in quantity to cleanse that portion of the bowel effectually. The frequency of washing that portion of the bowel which is accessible from the rectum should be one, or two, or three, or four times a day, according to circumstances. At the same time from one to ten quarts of warm pure water mildly medicated with peroxide of hydrogen or hydrozone should be administered at regular intervals, during the day, as the prescribed remedy by the mouth. If the patient vomits, very well. Immediately re-introduce the quantity of water that was vomited. No harm can be done in any case, and if it is possible to save life it is possible to save it through this method. It is the quickest and the surest method of exciting the activity of the kidneys, and is the safest. It is the rational and effective measure for maintaining the volume of the blood. It is the scientific process by which to establish cutaneous circulation in the capillaries.

The use of simple and useful hygienic measures are the same as in other prostrating diseases. Patients should be fed with regularity at not too frequent intervals, giving the proper time, between administrations of simple food, for its digestion. The use of appliances for maintaining the heat of the body are not to be neglected.

The precise details of the method of treatment indicated at this time will be forthcoming in a subsequent paper.

100 State Street.

THE
HOMŒOPATHIC PHYSICIAN,
A MONTHLY JOURNAL OF
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

“If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine.”—CONSTANTINE HERING.

Vol. XV.

SEPTEMBER, 1895.

No. 9.

EDITORIAL.

ARSENICUM-ALBUM.—The last editorial was mainly devoted to the restlessness of Arsenicum. It may be called a dissertation upon restlessness. Now attention is called to the aversion to being left alone, which is one of the indications for Arsenic. Arsenicum has fear of being left alone, and fear of death. Fear of being left alone is an indication for Apis and Phosphorus. Under Arsenicum the patient fears to be left alone lest he may do himself bodily harm. A number of other remedies have fear of being left alone. A list of these may be found in Lee's *Repertory*, chapter I, page 39. Argentum-nitricum has fear of being alone.

Quite a number of remedies have desire to be alone. These remedies are given in Dr. Lee's *Repertory* at page 22 under the rubric “Aversion to Company.” There is another rubric given there also, “Desire for Company.” It is needless to give these remedies here, as every subscriber to THE HOMŒOPATHIC PHYSICIAN has supplied himself with a copy of the three chapters of this *Repertory* and can look for the remedies himself.

Proceeding now to other symptoms, we find that the Arsenic patient is troubled with anxiety, reminding us of Aconite. He gets anxious at three o'clock in the morning and talks incessantly of the faults of others. This complaining of others is similar to Belladonna and Lachesis. He talks incessantly ; this is similar

to Lachesis and Stramonium. One of the surest indications for Lachesis is this tendency of the patient to continuous talking.

The Arsenic patient is troubled with mental anguish.

The Arsenic patient gets headache from drinking cold water. He also has headache which is relieved by cold water applied to the head. This last symptom is different from the great characteristic of Arsenic, which is aggravation from cold applications and from cold in general.

Drinking cold water not only brings on headache, but it also excites severe pains in the bowels, with diarrhœa.

Drinking cold water causes vomiting in the Arsenic patient. The smallest quantity of cold water taken into the stomach is immediately ejected. Whenever we see this symptom we should immediately scan the Arsenic provings to see if we can find the other symptoms of the patient there, too.

The Aconite patient drinks water, vomits, and declares he will die. Then he drinks and vomits again. This is one of Dr. Guernsey's key-notes.

The Phosphorus patient vomits water as soon as it gets warm in the stomach.

Kreosote, greedy drinking followed by vomiting (Dr. Hering). Silicea, the water tastes badly and causes vomiting.

Capsicum, drinking water causes shuddering chills, thin stools, and tenesmus.

Capsicum, as soon as he drinks water he must go to stool, but passes only a little mucus.

Argentum-nitricum, water seems to run right through him.

Arsenicum, Argentum-nitricum, Cina, Croton-tiglium, and Podophyllum all have diarrhœa after drinking water.

By looking in Bell's book on Diarrhœa you will find several other remedies that have diarrhœa after drinking.

Arsenic, while drinking water, the patient bites the tumbler.

The Arsenic patient suffering from headache desires to lie with the head high. This condition, lying with the head high, is a key-note of Arsenic. The editor, in the course of his own experience, has picked up one or two notes concerning this symptom of lying with the head high. They are as follows :

Arsenicum, aggravation from lying with the head low. There are several other remedies that have this same symptom. They are, Antimon-tart., Argentum, Capsicum, China, Colch., Hepar, Lachesis, Nitrum, Nux-vomica, Puls., Spig. See THE HOMEO-PATHIC PHYSICIAN, Vol. III, page 26 (January, 1883).

Calcarea-carbonica, amelioration from lying with the head low.

Gelsemium, amelioration of dull, heavy headache by lying with the head high.

Nux-vomica, amelioration from lying with the head high.

Much more might be added upon this one indication, but that is not the purpose of the editorial. The intention is to give the notes of Dr. Lippe, with such additions as seem to be particularly important.

For full notes and differences, the reader is once more earnestly advised to read each remedy for himself, select out all the drugs that have desire to lie with the head high, and write them down, copying the exact words of the symptom as it appears in the proving.

Arsenicum has periodical headaches. This is similar to Saccharum-officinalis and Silicea. Headache once a week, Saccharum-officinalis, Silicea, and Sulphur. Sick headache every week, Sulphur. Headache every two weeks, Sulphur. Sick headache every week, worse in forehead, with backache and bearing down, Phytolacca. Headache and all other symptoms, worse every three weeks, Magnesia-carbonica. Headache in forehead and around eyes every six weeks, Magnesia-muriatica. Headache every seven days is Dr. Lippe's key-note for Saccharum-officinalis. Headache in forehead, temples, and about root of nose is a symptom of Arsenicum.

Tenderness of the scalp to the touch is a symptom of Arsenicum. Many other remedies have this symptom under different circumstances. Thus Kali-carbonicum has it produced by an eruption, which burns and bleeds after scratching.

Arsenic has erysipelatous burning and swelling of the head. This reminds us of Lachnantes, which has burning of scalp like fire, with thirst.

It was said that the great characteristic of Aconite is fear of death, and restlessness at night, with heat and anxiety. Arsenic has some resemblance to Aconite in this respect. It has fear of death; it has the restlessness, but of a different character. We might here repeat that the restlessness of Aconite consists in tossing and tumbling about the bed, whilst that of Arsenic drives the patient out of the bed, from one bed to another, or from one chair to another. This was plainly described in this journal last September.

Arsenic, like Aconite, has anxiety, but it occurs at three o'clock in the morning, instead of continuing all night, and it is, moreover, apt to be accompanied by fever and sick stomach.

Arsenic has inflammation of the eyelids, with burning pain, which is worse on touching the inflamed parts. The eyelids are dry, and seem as if they were scratching the eyeball. The lids burn worse when touched. Arsenic is frequently indicated in the scrofulous ophthalmia of children who have tendency to "scald head."

Arsenic has dullness of hearing, especially for the human voice. This is similar to Phosphorus, Rhus-t., Sil., and Sulph.

Rhus-tox., similarly, has hardness of hearing, especially for the human voice.

Silicea, hardness of hearing for human voice, especially during full moon.

Dr. Fellger, who was an associate of Dr. Lippe, and remarkable for his wide knowledge of medicine, once gave the editor the following comments upon the above symptom:

Arsenicum, the hearing is good for all sounds except the human voice.

Ignatia, the hearing is good only for the human voice. It is diminished for all other sounds.

Coffea, the hearing is too sensitive to music.

Phosphorus and Sepia, music pains the ear.

Graphites, the hearing is better when in a noise. It is better when riding in a carriage.

There is not space to give any more of these notes this time, and so they must be laid aside for next month.

SOCIETY OF HOMŒOPATHICIANS.

MEETING OF 1895.

FIRST DAY. MORNING SESSION.

PRINCIPLES.

FRANK S. DAVIS, M. D., QUINCY, MASS.

The whole of anything is greater than any part of it. The union of its parts into a perfect *whole* constitutes the integrity of that body.

These axioms are applicable to this society of physicians. We join ourselves together under certain articles of government to which each member subscribes, and the integrity of our society will depend upon the soundness of the governing principles and upon the strict observance of them by each individual member of it.

Therefore, we expect every member to consider himself bound by the obligations taken, and to expect censure to follow if he transgress.

We cannot permit transgression to pass unnoticed without endangering our very existence.

It must not be forgotten that we are here for a purpose, the accomplishment of which is of far greater importance than is the pleasure or profit that may come to any portion of our membership.

Rather than be liable to a loss of principle we will submit to a loss of membership, because one or more unsound parts must make an unsound whole.

If our principles, rules, or Constitution and By-Laws are not perfect we can endeavor to perfect them; but after they have been adopted let them be tested by strict observance.

I ask no favor, I shall expect equal rights, and my obligations must be equal to those of every other member.

Let our requirements for membership be kept at the highest standard and rigidly lived up to. It will be much easier to *reject* than it will be pleasant to *regret* admission of any one. I believe we should observe the utmost care in every step taken to increase our membership, for if one member proves unfaithful the whole body suffers.

We believe in the immutability of natural laws.

We believe that Hahnemann discovered a natural law when he turned the search light of his master mind into the darkness which for centuries obscured the vision of every investigator in the realm of medicine.

We believe he has given the best and clearest definition of disease.

We believe he has given us the best method of ascertaining the healing power of medicines.

We believe he has given the best directions for the cure of disease by medicine.

We believe he has discovered the truth upon which rests the curative relation of the medicine to the disturbed life-force.

We believe he has given the best guide to the selection of the remedy.

We bind ourselves to follow his instructions in our practice, and not to proceed contrary to them.

Hahnemann describes *disease* as a disturbance of the spiritual life-force, manifested by symptoms subjective and objective. He says, § 16 of *The Organon*, our vital force, that spiritual dynamis cannot be reached nor affected except by a spiritual (dynamic) process, resulting from the hurtful influences of hostile agencies from the outer world acting upon the healthy organism and disturbing the harmonious process of life. Neither can the physician free the vital force from any of these morbid disturbances—*i. e.*, diseases—except likewise by spiritual (dynamic, virtual) alterative power of the appropriate remedies acting upon our spiritual vital force—through the omnipresent

susceptibility of the nerves of the organism. Thus healing remedies can and actually do restore health and vital harmony only by virtue of their dynamic action upon the vital force, after those changes in the health of the patient (totality of symptoms) perceived by our senses have represented the disease to the attentively observing physician as completely as possible for the purpose of its cure.

Section 18. It is then unquestionably true that besides the totality of symptoms it is impossible to discover any other manifestations by which diseases could express their need of relief. Hence it undeniably follows that the totality of symptoms observed in each individual case of disease can be the *only indication* to guide us in the selection of a remedy.

Section 19. Now since *diseases* are definable only as *aberrations from the state of health*, which disclose themselves by symptoms, and since a cure also becomes possible only by *changing this aberration back into the healthy state*, we may readily understand how impossible it would be to cure disease by medicines unless these possessed the power of altering the state of health dependent on feelings and functions of the organism. In fact, the curative power of medicines must rest alone on their power of altering the *sensorial* condition of the body.

Section 20. * * * It is only through manifestations of their effect upon the state of health that this power of drugs is experienced and observed.

Section 25. But now actual experience, the only infallible oracle of medical art, teaches in every carefully conducted experiment that *that* drug proved in its effect upon healthy persons, to produce the greatest number of symptoms similar to those found in a case of disease to be cured, and when administered in properly potentized and diminished doses, will rapidly, thoroughly, and permanently cancel and turn into health the totality of symptoms of that disease. Experience also teaches that all drugs will unexceptionably cure diseases, the symptoms of which are as similar as possible to those of the drugs, and leave none uncured.

All the principles explained by Hahnemann were proved by

him and his associates to be true, and to give the best results in practice.

His direction to use only *one* remedy at a time, and that the best results would follow its administration in a *potentized* form—is sound instruction and the result of experience—and must be accepted by all who desire the best success in the cure of all forms of sickness.

We have founded this society upon these principles, and trust no one will join us who is not prepared to defend them by a strict observance of all of them in practice. This important duty is imperative that the science of pure Homœopathy may endure.

Hahnemann has asked his followers to do exactly as he did, and, if we fail, to report our failures to the world.

How very few have done this!

And how large the number is who, although they have a good understanding of how he practiced, have lacked the courage to follow his instructions! There is much in evidence of the fact that the number is large, comprising very able physicians, who prefer to sacrifice principle in practice to popularity and a desire for riches or fame.

They adopt surgical methods, and various other means which act to suppress rather than to cure disease, although they must know the error of such practice.

Again, how many there are who have no information of the truths contained in *The Organon*! They hear of such practice, and ask where they can learn about this pure Homœopathy.

Is there not a growing need of united effort by those who do believe and practice Homœopathy to prevent this art of healing from becoming one of the *lost arts*? We think there is, and are willing to work so it may soon be impossible for any one to be able, truthfully, to say that they do not know of any one in the city of Boston who now practices pure Homœopathy.

It does not speak well for the instruction given at our medical schools, where a claim is made to a belief in Homœopathy, if in their vicinity it is not known beyond peradventure that some are true followers of Hahnemann's instructions.

We have formed this society for work, determined to exert ourselves so that the light we have received may not grow dim. And we hope that all who are in earnest and willing to be faithful will come in and help to carry aloft the principles of pure Homœopathy where they will not be pulled down and trampled in the dust.

We do not come here expecting to be protected in any un-homœopathic practice.

We do not invite others to come here for any such protection.

We hope that here may congregate the faithful physicians, and that they will work together to the end that each may help and be helped to a better understanding and a higher appreciation of the principles of scientific medicine which Hahnemann elaborated and explained so fully in *The Organon*.

These principles have never been proved false, and upon them we rest our faith. They are our guide in practice. They give us courage to promise help to the sick, when without them we could find no relief at hand.

With the acceptance of these principles as our guide, there should come the responsibility of doing as Hahnemann did—work continually for their promulgation throughout the breadth of our country, and cease not to practice them on every occasion where our services to the sick are required.

A PLAUSIBLE FALLACY.

EDMUND CARLETON, M. D., NEW YORK, N. Y.

A number of years ago it began to be said among us that a high potency of any substance would antidote the effects upon the human system, of the same substance in a crude form; and more of the same sort. If any patient had gonorrhœa or syphilis let him swallow a high potency of the pus taken from another individual having gonorrhœa or syphilis, and presto! he would be well.

All this excited but a languid interest at first, and was regarded as the talk of a very few active and diffuse individuals. But the noise did not stop. Printer's ink was shed

without stint. Alleged "provings" and "clinical reports" were foisted upon an unsuspecting audience; and now the credulity of too many Hahnemannians has been affected by all these influences. Let us compare the theory with Hahnemann's teachings.

We find in *The Organon* (4th Am. ed., p. 86, with note): "Frozen sour-kraut is frequently applied to a limb that is recently frozen, or, sometimes, it is rubbed with snow."

It is on such examples of domestic practice that M. Lux founds his so-called mode of cure, by *identicals* and *idem*, which he calls *isopathy*, which some eccentric-minded persons have already adopted as the *ne plus ultra* of a healing art, without knowing how they can carry it out in practice. But, if we examine these instances attentively we find that they do not bear out these views.

The purely physical powers differ in the nature of their action on the living organism from those of a dynamic medical kind.

Heat or cold of the air that surrounds us, or of the water, or of our food and drink occasion (*as heat and cold*) of themselves no absolute injury to a healthy body; heat and cold are, in their alternations, essential to the maintenance of healthy life; consequently they are not of themselves medicine. Heat and cold, therefore, act as curative agents in affections of the body, not by virtue of their essential nature (not, therefore, as heat and cold *per se*, not as things hurtful in themselves, as are the drugs, Rhubarb, China, etc., even in the smallest doses), but *only* by virtue of their greater or smaller *quantity*—that is, according to their degree of temperature. * * *

That serpent's bites, * * * are most certainly cured by portions of the serpents must remain a mere fable of a former age, until such an improbable assertion is authenticated by indubitable observation and experience, which it certainly never will be. That, in fine, the saliva of a mad dog given to a patient laboring under hydrophobia (in Russia) *is said* to have cured him. That "*is said*" would not seduce any conscientious physician to imitate such a hazardous experiment. * * *

In section 24, Hahnemann says: "There remains, accordingly, no other method of applying medicines profitably in diseases than the homœopathic." * * * And in section 26 he puts these words in italics: " * * * *a dynamic disease in the living economy of man is extinguished in a permanent manner by another that is more powerful, when the latter (without being of the same species) bears a strong resemblance to it in its mode of manifesting itself.*"

Mark well these italics. They impale the fallacy. "WITHOUT BEING OF THE SAME SPECIES!" Print them in capitals. But those who resort to the method of identicals *do not change the species*. A victim of neuralgia and *Quininism* presented more symptoms of *Sulphate of Quinine* than of anything else, of course. The next nearest proved agent in the scale of similarity was *Arsenicum*. With difficulty the attending physician was persuaded not to give potentized *Chininum-sulphuricum*, but to give *Arsenicum*. Slow improvement followed. It was not rapid enough to suit. *Arsenicum* was abandoned; *Chininum-sulphuricum* was given; the patient died promptly.

Section 32 of *The Organon* says: " * * * Every real medicine will, at *all* times and under *every* circumstance, work upon *every* living individual, and excite in him the symptoms that are peculiar to it. * * * " Always the same symptoms. Consequently all the symptoms of that medicine are included. All are recorded together in the *Materia Medica*. In Allen's *Encyclopedia* there are 1,076 symptoms recorded under *Chininum-sulphuricum*, with four additional pages devoted to conditions and amelioration. Fifty-four authorities are cited. Hering devotes fourteen pages of his *Guiding Symptoms* to this drug. The provings are from many sources and from differing degrees of strength of the substance proved; but they are all *Chininum-sulphuricum*. They are recorded together. Therefore, if an individual presents symptoms of the drug named, and it is known that they have been produced by that drug, the physician who shall give as a remedy the same drug in any strength is practicing isopathy and not Homœopathy.

Ex uno disce omnes. We are not to attempt to cure scarlet

fever with a potency made from the scales of another scarlet fever patient, which is isopathy ; but are to select *Belladonna*, or some other agent which a careful search shows to be *similar* (not *identical*) to the case in hand, which is Homœopathy. And the same is to be said of gonorrhœa, syphilis, *et id omne genus*. Cheap and nasty generalizing will not answer.

Great efforts are being made to find respectable authority for the employment of the same instead of the similar, with especial reference to antidoting drug diseases. This has already been alluded to. It is said that drowning men clutch at straws. Well, the straw that these drowning men clutch at is found in a foot-note of *The Organon*, page 122, as follows : " But, even granting this could be done, which would certainly be a most valuable discovery. * * * " Observe the words, "*even granting*" and "*would be*." Not much is about them. No authority at all, but a gentle admonition. The *Chronic Diseases* and the *Materia Medica Pura* afford no succor whatever to the drowning men. On the contrary, the forty-nine remedies given in the *Chronic Diseases* and the sixty-seven in the *Materia Medica Pura* furnish a multitude of instances of exact statement how to antidote the effects of drugs, and in every case some other drug than the one to be antidoted is named—not the same drug in higher potency. The very first remedy named in the *Materia Medica*, *Aconitum*, is, by plain directions, to be antidoted by "vegetable acids and wine," not by *Aconite* in high potency. Those who talk of antidoting *Rhus* with *Rhus* may profitably read and reflect upon these words of Hahnemann : "The injurious effects of an erroneous selection are often removable by *Bryonia*, sometimes by *Sulphur*, at other times by *Camphor* or *raw Coffee*, according to the untoward symptoms produced." No mention of *Rhus* in higher potency. How many medicines are antidoted by *Camphor* and *Nux-vomica* ! It is not necessary to put in array more proof from Hahnemann.

Equally unsuccessful is the endeavor to press Lippe into the service. Not a word can be found in his writings to favor the heresy. But he did at times speak very energetically against it,

to which the writer of this paper bears personal testimony. On page 324 of his *Materia Medica* occur these words: "The best antidote for too large doses or too intense symptoms (of *Kali-bichromicum*) is its relative, *Pulsatilla*. * * *" And again, on page 338, read the following:

"After abuse of *Mercury*, pain in the bones, catarrh; against the abuse of *Kali-hydriodicum* in massive doses, *Hepar-s-c.* is the best antidote."

Hering has been misquoted in the endeavor to range him on the side of isopathy. He is claimed as favoring the use of *Opium* and *Mercury* high to antidote the same substances crude or too low. The text of *Opium* in *The Guiding Symptoms* offers not the slightest foundation for such a claim. It is puzzling to understand why it ever was brought forward. As for *Mercury*, we find in Vol. VII, page 406, under Relations, this paragraph: "Antidoted by: *Aurum, Asaf., Bellad., Carbo-veg., Cinchona, Dulcam., Ferrum, Guaiac., Hepar, Iodum, Kali-chlor., Kali-hyd., Laches., Mezer., Nitr-ac., Staphis., Stillingia, Sulphur*, and, according to Guernsey, by *Mercur.* itself, high, all symptoms agreeing." This posthumous allusion to the claim of another author, and put in guarded language at that, is all! There is not so much as a straw left.

It is hard work to practice the true healing art. Let those who are tempted to try easy methods remember that they all are rejected by Hahnemann. Only the painstaking, homœopathic method will do.

Adjourned to 8.30 P. M.

FIRST DAY. EVENING SESSION.

Wednesday, June 26th, 8.30 P. M.

PSORA—SOME FEATURES OF ITS TREATMENT.

FRANK W. PATCH, M. D., SOUTH FRAMINGHAM, MASS.

It was once said of Ruskin that when he wanted to work out a subject he wrote a book on it.

It was an earnest desire to better understand the above sub-

ject that led me to prepare this paper, and not on account of any new light or extended knowledge on my own part.

It is possible, however, that a close survey of one of the most profound of Hahnemann's doctrines, and an attempt to put in concise form his classic recommendations on the treatment of psora, may not be out of place among the efforts of our society.

If we are to accept the broadest application of the meaning of the term psora, we shall understand the treatment of this form of dynamic disturbance to cover nearly the whole field of chronic non-venereal disease, as, indeed, was distinctly taught by Hahnemann. And, furthermore, as primary uncomplicated psoric disease when treated by strictly homœopathic methods does not result in an unconquerable chronic miasm, it will be understood here that the term psora refers to the secondary or chronic form. This may or may not remain as a distinct result of the suppression of some primary attack, but in any case manifests itself by a long train of symptoms well known to all who examine cases according to the methods of Hahnemann, and having possible ramifications in all parts of the organism.

Recent itch, "with the eruption still existing on the skin," Hahnemann says, may occasionally be cured by one dose of Sulphur in the space of from two to four weeks. But "whether the violent suppression of the eruption has forced the internal psora to manifest itself in the form of secondary chronic affection, or whether it be still slumbering in the system, Sulphur alone is never sufficient to effect the cure of such a psoric disturbance."

After the external eruption has existed for a long time, or after suppression or other cause whereby the internal organism has become infected to any considerable extent with the disease, neither Sulphur or any other *single* antipsoric remedy will prove sufficient to effect a cure, but several antipsorics will invariably be found necessary.

Before approaching the true heart of our subject, let us inquire first what is curable in psoric diseases, or rather what are the greatest obstacles to cure with which we are compelled to deal. It is here at the very threshold that we are called upon to

decide one of the most momentous questions regarding our own standing, as well as the scope and reputation of Homœopathy. Happy is that physician whose powers of discernment enable him at the outset of a difficult psoric case to prognosticate, with even approximate correctness, the probabilities of cure or of the time needed.

Hahnemann recognizes the power of the mind as one of the strongest elements in arousing latent psora which has hitherto been but imperfectly manifested, and warns us against the pernicious influences of permanent "grief and vexation" as a condition from which we must free our patients if we would expect adventitious results. He says: "If the patient is constantly assailed by grief and vexation without the physician being able to ward off those pernicious influences, then it is better that the patient should be left to his fate; for even the wisest, most skillful, and most conscientious physician will find it impossible to procure the patient relief under these unfavorable circumstances."

Again there is the class of chronic patients coming from a course of crude drugging or mineral baths, or, worse, from a crusade among the long list of proprietary applications, external and internal, whose name is legion. A large proportion of these cases are, strange as it may seem, amenable to careful homœopathic prescribing. A few are utterly hopeless. It is truly wonderful, however, to see what may often be accomplished in the very teeth of crude drugs by the application of the higher homœopathic potencies. Of these cases, Hahnemann says that they "are often so complicated that the physician is obliged to abandon them at once. But were they ever so favorable, he ought never to promise more than relief after a long lapse of time." "The first thing to be done is, that the various medicinal influences which undermine the system in all directions should be removed from the organism." For this purpose of clarification Hahnemann advocates rest, a strict diet, and a regular life, affirming also that "medicine can do almost nothing against these chaotic devastations of crude drugs." A statement that might be challenged to-day by those who have

found, in the antidotal power of the highest potencies, an influence of seeming magnitude in combating drug effects. But, says Hahnemann: "Woe to the homœopathic physician who means to make his reputation by the cure of such wofully mis-managed diseases! He will fail in spite of all his care."

With the probably curable case of psoric disease before us we must proceed to the taking of the symptoms in the manner laid down in *The Organon* where Hahnemann says, "Individualization in the investigation of a case of disease, demands, on the part of the physician, principally unbiassed judgment and sound senses, attentive observation, and fidelity in noting down the image of the disease." He says, further, in the *Chronic Diseases*: "There are three mistakes which the physician cannot too carefully avoid;" the first is the fear of administering too small a dose of the medicine found to be indicated; the second is "the improper use of a remedy;" the third is "not letting the remedy act a sufficient length of time." Hahnemann admonishes us that "The doses can scarcely be too much reduced, provided the effects of the remedy are not disturbed by improper food." "The advantage of giving the smallest doses is that it is an easy matter to neutralize their effects in case the medicine should not have been chosen with the necessary exactitude."

There is no doubt among us to-day of the value of these words upon the size of the dose: the accumulation of experience with the highest potencies since they were written has proven their value beyond further discussion. But how many of the practitioners of to-day so closely observe the drug effects after the administration of a remedy that they are able to give the correct antidote, provided it proves to have been incorrectly chosen? Indeed, it seems to me that with the use of the highest potencies, we have less need than formerly for the drug antidotes so carefully mentioned by our pioneers. The shock to the vital force after the administration of one of those highly potentiated drugs is seldom sufficient to cause disturbance enough to call for other antidote than that of rest, and the total withholding of all medicine for greater or less time. Indeed, the

great advantage of these potencies is seen in the quiet and natural response of the vital force to the curative power, and the absence of all shock even under the influence of a mistaken choice ; we simply fail, after waiting what experience has taught to be a sufficient time, to observe the proper curative response to the remedy, and we then know that further study and a new choice must be made.

Of Hahnemann's second warning—the “use of the improper remedy,” but little can be said. His placing of the blame on “carelessness, laziness, and levity” is no doubt frequently just ; yet even after what seems to us the utmost care and long study, we all fail, most frequently, to make correct selections in given cases. While many times we fail from a knowledge of just what is curative in chronic disease, as before said, it is probable that much more often we fail from improper selection of the remedy. Perhaps because we have not given sufficient care to the taking of the case or to the study of the *materia medica* ; perhaps because we have failed to grasp the essential or vital element in the nature of the dynamic disturbance itself, which another mind might discern at once.

At any rate, let us have great charity. We all earnestly desire success ; we all fail at one or another time.

In the third warning of Hahnemann, “the too hasty repetition of the dose,” we may take a vital interest to-day. We hear a great deal of discussion in our ranks on the length of time which remedies should be allowed to act before repetition.

That there can be no absolute rule even with regard to the same remedy in different cases, is evident enough, and it would seem that Hahnemann was sufficiently explicit when he said that “The duration of the action of antipsoric remedies is generally proportionate to the chronic character of the disease,” and, “*vice versa*, even such remedies as Belladonna, Sulphur, Arsenic, etc., which act for a considerable length of time in the healthy organism, have the duration of their action diminished in proportion as the disease is acute and runs speedily through its course.”

“The fundamental rule in treating chronic diseases is, to let

the carefully selected homœopathic antipsoric act as long as it is capable of exercising a curative influence, and there is a visible improvement going on in the system. This rule is opposed to the hasty selection of a new or the immediate repetition of the same remedy."

The case taken, our remedy selected, we must now await developments with all the patience at our command. The methods of Hahnemann in the treatment of psora were careful, systematic, and sure, strongly opposed to those of certain sections of modern medicine which aim at extinction by suppression after the manner that sovereigns have taken so often in a vain attempt to crush revolt by similar tactics. The disease and the subjects each return with added strength at one or another point, eager for the fray.

Many of us have learned from sad experience to look with great distrust on any sudden and marked improvement, out of proportion to the character of the disease, after the administration of an antipsoric remedy, finding such result, almost invariably, to be fleeting and untrustworthy. It is the gradual and persistent, though slow change, that we have learned leads toward health.

This ground also was covered by the master mind of Hahnemann, who says, "Even should a remedy produce a sudden great improvement in the condition of the patient, there is danger that the remedy may have acted as a mere palliative; *in this case it never should be exhibited a second time, not even after other intermediate remedies.*" Hahnemann claims, however, that "there are exceptions to this rule, in that a second dose of the same remedy may be given *immediately* after the first, when the remedy had been chosen with strict regard to its homœopathic character, and had produced a good effect but had not acted long enough to cure the disease." This occurs more seldom in chronic than acute disease. Some question as to the discrimination between these different manifestations of improvement might seem to arise, though, practically, among those accustomed to the observation of the action of remedies such would seldom be the case. Again, Hahnemann says that "The

same remedy may be given a second time when the improvement which the first dose had produced by causing the morbid symptom gradually to become less frequent and less intense, ceases to continue after the lapse of fourteen, ten, or seven days, when it becomes, therefore, evident that the medicine has ceased to act, the condition of the mind is the same as before, and no new or troublesome symptoms have made their appearance." Under these exceptions Hahnemann advises the remedy to be used a second time in a lower potency than at first, and says further that "Sulphur, Hepar-sulphur, and Sepia excepted, the other antipsorics seldom admit of repetition." "One antipsoric having fulfilled its object, the modified series of symptoms generally requires a different remedy." Hahnemann reminds us that cases which come from serious drugging may need an occasional dose of Sulphur or Hepar-sulphur before the indicated remedy will act, or if much crude Sulphur had been taken, a dose of Mercury should precede that of potentiated Sulphur.

Hahnemann recognized the occasional need of interrupting antipsoric treatment on account of extraneous attacks of other forms of disease, and the consequent use at such a time of other non-psoric remedies. Strange as it may seem, however, such condition may exert not more than a slight retarding effect upon the action of the antipsoric as has been recently illustrated in two cases of psora attended by the writer of this paper. One, a sycotic tumor, was complicated during treatment by an attack of sciatic rheumatism for which several different remedies were required, the cure of the tumor progressing afterward under further repetition of the previously indicated remedy, Thuja. The second case, one of chronic psoric ulceration of the nose, for which Nit-acid was the indicated remedy, suffered an attack of la grippe, for which non-antipsoric remedies were used. The cure of the nasal condition went on to the end, seemingly in an uninterrupted manner, and without further repetition of the Nit-ac. Hahnemann claims, however, that by these "intermediate diseases" the antipsoric treatment is "not only disturbed, but positively interrupted, usually necessitating

an entirely new picture of the case." As to the true space of time needed for the cure of an inveterate case of psora, we may be sure that Hahnemann is not overestimating when he places it ordinarily at from "one to two years, provided the case has not been mismanaged to the extent of having become incurable." During this time the strength of the patient ought to increase continually.

The antipsoric remedy should be "taken in the morning;" at least an hour before breakfast, either dry upon the tongue or dissolved in a small amount of water. "It should neither be taken immediately before nor during the period of the menses." The system of the female during pregnancy being in so active a state renders this a favorable time for antipsoric treatment.

The only adjuvant to the remedies in the treatment of psora, sanctioned by Hahnemann, is the occasional use of warm-water injections for the relief of constipation at the beginning of treatment. He advised against the use of woollen underwear, a matter which we should more often bring to the notice of our patients in these days of overheating and overdressing. Patients, also, should abstain from all extraneous medicinal or semi-medicinal articles from hot baths and from electrical treatment. At the present day the latter adjuvant is enjoying quite a period of popularity in the hands of a great many physicians who claim to sail under the banner of Homœopathy, though it is certain that its use is distinctly condemned by the founder of this art, hence their authority must come from other source.

In regard to diet, Hahnemann enjoins general rules only, cautioning against the use of whatever may be found injurious to the patient or to the action of the remedy, allowing ample latitude to the needs or idiosyncrasies of the case. He does, however, strongly advise against the use of coffee, tea, and hard liquors, not only on account of their interference with the best action of remedies, but also from their pernicious influence upon the body and soul of human beings.

Adjourned to 9 A. M.

LIBERTY OF SCIENCE IN GERMANY.

[Translated from the manuscript by B. Fincke, M. D., Brooklyn, N. Y.]

The following experience of a medical student in Germany is not without its meaning even in our Republic, inasmuch as it gives a solemn warning against the growing despotism of the allopathic authorities. The revolutionary tendency of the medical faculties in Germany shows that the powers-that-be stop at no means, as low as they may be, to disregard the laws of the State and common decency when the unfortunate student who is at their mercy, applies for examination in order to receive his diploma, and with it the right of practicing the healing art, if he leans to Homœopathy. May he be ever so proficient in his studies and worthy of the distinction which the desired diploma is to confer upon him, they shake their brutal fist in his face, and he must bow down before them if they have detected upon him the odor of the homœopathic heresy. Then, after they have forced him to the indignity of recanting, they deny him flatly the right given him by the law, and send him his way.

This is liberty of science with a vengeance! It is rather the liberty which the ruling medical school is taking with the law of the land and those abiding by the law.

The author tried in vain to publish his manuscript in the German papers till the faithful lay-paper, *Homœopathische Monatsblätter*, edited by Mr. A. Zœppritz, in Stuttgart, brought it out. I received the manuscript from Dr. C. Kunkel in Kiel, and thought it well to publish it in our journal, in order to show those, who think nothing so good except it comes from Europe, how much they are in error.

LIBERTY OF SCIENCE IN GERMANY.

Originally intended and prepared for a minister, I resolved to devote myself to medicine, after having experienced on my own body the superiority of the homœopathic healing method over the common medicines. My grandfather having been a phy-

sician of the allopathic school, was the reason why my family always prevented me from turning my attention to the homœopathic healing art. Since, at this moment, no professorship for Homœopathy exists at the universities of Germany, I applied to a prominent representative of this school, with the request to give me instruction and proper direction. At the same time I carried on my studies at the University like every other medical student. After the preliminary medical examination in Kiel, I visited the clinics of the University of Berlin, and at the same time the polyclinic of the Society of the Homœopathic Physicians of Berlin, so that I could compare daily both methods of healing with their therapeutics and results. After returning to Kiel my teacher, mentioned above, made me his stationary assistant, because on account of his advanced age he could no more attend to his extended practice alone. From many sides I was warned and urged to leave the homœopathic healing method for my own good. Convinced of its correctness, however, I did not submit to the temptation, and continued to study assiduously at home and at the sick bed. I had need of my time, for the study of the homœopathic *materia medica* needs years for any one who means it earnestly.

For the sake of further improvement I assisted several homœopathic physicians, especially one nearly related to me, in the summer of 1892, during the cholera epidemic in Hamburg, on which I was incautious enough to publish a small paper. Later I left Kiel under the pretext of traveling for several months. I thought I should do so on account of the warnings of friends to keep my abode as secret as possible. In truth, however, I reported myself for the examination of a larger university of Germany, hitherto unknown to me, viz.: Leipzig.

I gave satisfaction on every point, partly with the highest approbation. For the last object I had selected the examination in hygiene. For that purpose I presented myself to the examiner, but the examination was deferred several times without my knowing any reason for the delay. Finally the time was appointed, and I was examined very thoroughly. At the close, when I was talking about the cholera, among others I

had drawn the theme: Preventive measures against contagious diseases. The examining gentleman suddenly said: "You have, in 1892, in the *Nachrichten von Husum* (Husum is my home), written about cholera. Do you remember what protective remedy you recommended in that paper?" I had named as a protective means Hering's Sulphur-milk, and for remedies Veratrum, Cuprum, and Arsenicum, recommended also by Professor Hugo Schultz in Greifswald, and as analepticum Camphor. Now at this point a flood of invectives was poured over me, starting with the assertion that all that was swindle and nonsense, etc. Finally the examiner expressed himself with regret: "*That a circular of the medical faculty of Kiel had been sent to all the medical faculties of Germany with that article on cholera as evidence.*" He said he had it in his power to let me fall through, but after the impression which he had received from me, he did not want to do so. He was honest, but still he could give me no certificate (Zensur). If the matter had come from an unknown informer he would have thrown that circular into the waste-basket, but under the circumstances he could not do so, out of respect for the faculty. At last he gave me the following advice: I should write a letter to the faculty in Kiel that I regretted to have published that paper on cholera, and that I had proved by my examination that I was able to do justice to the conception of modern science, etc. If then I would bring to the examiner the receipt of this letter by the faculty in Kiel, he would give me my certificate. I wrote immediately, but in spite of my begging for a receipt by return mail, I received no answer from the dean. I was the more excited, as I wanted to do my military duty for my year of service as a voluntary physician. After a series of days I again went to my examiner. He was very amiable, excused himself on account of the expressions he had used in the excitement of the moment, took pity upon me, and regretted that he could not act otherwise on account of the faculty. Then under his eyes and with his assistance he made me write another letter, somewhat more extensive and polite than I had done. The letter was registered and receipted by the post-office. Though the matter was

denoted to be urgent, no answer of the dean arrived. In consequence of the continued excitement I became sick. A dear homœopathic colleague interested himself very much in my behalf, and comforted me as well as he could. I informed my examiner, who sent his assistant, and by order of his chief caused me to write to Kiel for a third time in the same manner as the second time. As soon as this letter was brought to the examiner he wrote in my certificate (Zensur) the mark "good," and delivered it to the proper authority. Only two days later came a short note to me from Kiel, in which the receipt of the first two letters was acknowledged. I handed it immediately to the examiner, and after a short time received my approbation by the government.

During my leisure hours I had, at the advice of the director of the female clinic of the University, where I went through the examination, elaborated a dissertation and handed it to the dean of the faculty. The dean was very reserved and opined that I should get my diploma at the University from which the circular had been emitted. In spite of this I presented to him my work and with it the graduation dues. After a few weeks I received back my dissertation and my money with a decree of repulse.

That I could never graduate in Kiel was, according to my opinion, clearly discernible by the fact that the faculty in Kiel had persecuted me, so to say, like a criminal. Besides, shortly after, the following event happened in Kiel: A physician at this place who, besides other methods, had also used the homœopathic one in his practice—he was by no means a strict or one-sided homœopath—wanted to graduate at the faculty there, hardly two years after he had gone through the State examination and the *examen vigorosum*. At that time he could not have graduated because the faculty had been apprised that he was a homœopath, as he thinks, by the same gentleman who also showed his ill-will against me. Now he intimated to him that before all he must publicly forswear Homœopathy. This physician therefore—incomprehensible to me—declared publicly, in the *Kieler Zeitung*, that he had given up his homœopathic

practice and was studying for a specialty. This declaration he sent to the faculty, and what did this faculty do now? After long deliberation it refused him for fear that a "relapse" might take place. Thus he was cheated out of his rights.

After long consideration I left Kiel, and followed friendly advice to hand my dissertation in to the medical faculty of the University of old renown, Jena. Though I was a perfect stranger there it was accepted by the faculty. I stood the examination for graduation well and received my diploma as soon as my dissertation had appeared in print.

I pass over sundry things and only want to add that later on I went through the Royal Board of Examination in Berlin successfully, for the right of self-dispensation of homœopathic medicines. Now, consider: *I was persecuted by a Prussian faculty for inclination to a healing method which is recognized as such by the Prussian State through a Royal board of examination.*

What afterward I had to encounter, on account of my always open adherence to the homœopathic healing method I do not publish for the present. Against the advice of my friends I have forborne to apply to the courts.

DR. W., in K.

WHAT IS A HOMŒOPATHIC PRESCRIPTION? *

G. E. CLARK, M. D., STILLWATER, MINN.

Much has been said about the imperfections of our materia medica and of the crying necessity for immediate and radical revision of the voluminous material at hand. While it is doubtless true that imperfections still exist, and always will remain in any materia medica compiled by human hands, it is manifestly incorrect to charge upon the materia medica faults that arise from an incorrect *use* of this most useful book. Rather, we think, the great and crying need of the homœopathic profession at present is—not more, or a revised ma-

* Read at the Minnesota Homœopathic State Institute in May, 1895.

teria medica but *a more accurate and scientific use of that we have.*

Our present compilation of drug provings is probably as nearly perfect as it is reasonable to expect.

More drugs will be added and others better defined ; but the good work has been going on, and, it is to be hoped, will continue. So that something will always remain to which we are yet to attain. Moreover, compared with other text-books on medical subjects, we think the homœopathic materia medica will stand a most excellent comparison in point of accurate and scientific investigation and arrangement.

In point of painstaking and indefatigable labor it stands a living monument to the giant intellects that composed it.

Is it not true that much of the revision that is at present demanded is to fit an inaccurate and unhomœopathic use of a homœopathic materia medica ?

Trite as this subject may be, I have presumed upon your patience to ask the plain question, "What is a homœopathic prescription?" I do so because we do well to keep constantly in mind some of the underlying principles of our divine art. Our right to exist as physicians depends on our ability to cure the sick. Our claim to the title homœopathic lies in our ability to prove this the superior method of healing—the *Law of Cure*.

I. The first answer to this question will be in the form of a negation in the statement that *A homœopathic prescription is not necessarily a prescription made by a homœopathic physician.*

The Organon, in conformity to which we claim the title homœopathic, lays down definite rules for our guidance. A prescription is only a homœopathic prescription when made in accordance with these fundamental principles. It is, alas! too true and much to be regretted by suffering humanity, at least, that many a prescription and the sign over the office-door have so little affinity. It is in no censorious spirit that I speak these words. It is a fact well known that the homœopathic profession is suffering sorely at the hands of men who claim the title homœopathic, yet have not the faintest right or title to the use

of that word. They know not and comprehend not any of the deeper truths of our beneficent law. Our enemies speak of them as shining examples of the futility of our peculiar practice. In justice to ourselves and to those who look to us for relief in the quickest and safest manner the meaningless use of this word should be dropped, and *only* used when applied to those who both *understand* and *use* the principle of Similia.

II. A second negation is: *That a homœopathic prescription does not consist in any particular medicine or form of medicine, pills, vials, potencies, or specifics.*

This statement may seem even more commonplace than the first. It is, nevertheless, true that many physicians, without ever having read *The Organon* and scouting many, if not all, of its essential principles, still flatter themselves with the delusion that they are proper homœopathic physicians because they use homœopathic remedies or give "small pills." Well could it be said of them, as of old, "Depart; I never knew you"! Such never realize the beneficent results of *pure* Homœopathy nor credit its wondrous results.

At the present time, with great *eclat*, the virtues of certain homœopathic "specifics" are heralded to the world. They are a snare and a delusion. People are deceived thereby. Push the button, and out comes the needed homœopathic remedy. People count this homœopathic treatment. Ye gods! How low in the dust has our noble art fallen if by such practice we are to be judged. Hahnemann was thoroughly alive to the importance of a clear knowledge of *what Homœopathy is*. Over and over again he impressed upon his followers the statement that Homœopathy does not consist in forms that shift with the notions of the patient or whims of the physician, but rather in *principles*—in a definite law as fixed and unchanging as are the laws of nature. That law is expressed in the relation of *drug and disease symptoms*. These disease symptoms do not consist in an assumed pathological state that is to be extracted from the interior of the system or driven out by lurid incantations, but rather, as defined in § 19 of *The Organon*, as *aberrations of normal healthy function*. In the preceding section it states,

other than these expressions of the disturbed normal function, there is *no* guide to the remedial cure of the affection.

This is a vital point in our law of cure. For therapeutic purposes we *must* possess a *full* and *complete* statement of the various aberrations of normal function—the *Totality of the Symptoms*. There is no other guide to the certain selection of a curative remedy.

This dictum of the master was no passing whim, which we can with advantage lightly set aside. To *know* the possibilities of Homœopathy—to know it as it really is, we must accept the statement that, without first obtaining a perfect picture of the disease symptoms, we will not be able to perfectly adapt the known drug symptoms. The knowledge obtained in the first process is absolutely essential to the perfect realization of the second. This knowledge of the disease symptoms can only be obtained by an orderly and systematic procedure.

Hahnemann considered this the most important as well as difficult part of the therapeutic process. Hence, in § 84 *et seq.*, he gave minute instructions for obtaining and recording exactly and exhaustively the history and peculiarities of the case presenting for professional care. Herein lies the genius of a homœopathic prescription :

First in the possession of accurate and complete knowledge of the external manifestations of the disturbed vital function.

By external manifestations, I mean such positive knowledge of actual facts as may be obtained by the senses of sight, hearing, and touch. Speculative or unproven theories as to possible internal conditions can have little value in point of accuracy to the prescriber.

Second. The selection of drugs where pathogenetic effects are most similar to those sought to be removed by the therapeutic process. This consummated, and *only* then, have we as physicians produced a homœopathic prescription.

How infinitely superior is this careful and orderly procedure to the hasty *guess* work of other methods, much too frequently indulged in. But best of all, and commensurate to the fidelity

with which the master's instructions are carried out, is the superiority of the *results accomplished*—results that are not possible by less accurate and systematic methods.

THE ORGANON AND MATERIA MEDICA CLUB OF THE BAY CITIES OF CALIFORNIA.

The regular semi-monthly meeting was held at the office of Dr. J. M. Selfridge, in Oakland, June 7th, 1895.

The members present were Drs. J. M. Selfridge, E. W. Bradley, A. McNeil, M. T. Wilson, S. E. Chapman, George H. Martin, George J. Auger, and C. M. Selfridge, and T. C. Coxhead visiting.

The meeting was called to order at 8.15 P. M. by the President, Dr. J. M. Selfridge.

The Secretary being absent, no minutes were read. The President then appointed Dr. McNeil to act as reader of the evening, who read from *The Organon*, Section 185.

DISCUSSIONS.

Dr. Chapman—Do the old school teach that local affections are independent of a general condition?

Dr. McNeil—Certainly they do. These cuttings and suppressions of eruptions are harmful. Professor Hebra makes an illustration by saying that these eruptions are no more a part of the general condition than the dirt on your coat. Local treatment is certainly absurd and leads to harm. When we treat locally we suppress.

Dr. Bradley—Suppose the indicated remedy were used locally, would it then suppress?

Dr. McNeil—The indicated remedy applied locally would be apt to act more quickly than if given internally, and the external evidences of the disease will be removed, but the internal condition will remain, and hence the mischief is done, for now the most prominent symptoms to prescribe for are gone. I will cite a case. Two girls came to my office; one about twelve years of age, who was puffing so much that I thought she had

been running hard. She said not, but that she had asthma. To my question, "Did you ever have an eruption on the head?" she answered: "No; it was on my hands." After more questioning I concluded that the asthma was due to the suppression of this eruption. The suppression of eruption is a frequent cause of asthma and other diseases. In nasal catarrh, nasal douches or local applications are often supposed to cure, but soon after throat and lung affections present themselves. Catarrh does not kill; suppress it, and it goes inward and strikes some vital spot.

Dr. Chapman—Not long since I had a splendid action of Sulphur. A lady with cancer of the right breast (scirrhus); she had also a hard lump in the right side of the neck, like goitre. Her symptoms were clearly and distinctly Sulphur. I gave Sulphur^{cm}, and in a few days she presented a perfect picture of measles, and the other symptoms soon began to abate. This was three months ago, and now there is every appearance of recovery. Could the suppression of measles in this woman as a child bring about the condition of the neck and breast?

Dr. McNeil—Yes.

Dr. Wilson—Would the remedy that brought out the measles cure the disease without suppressing it, if given in childhood during the attack of measles?

Dr. McNeil—Yes.

Dr. Chapman—I am astonished that the old school still keep up this local treatment. I thought that they had outlived this idea of treatment. Cancer has always been considered a local disease by them, and their treatment for it has always been the knife, first, last, and all the time.

Sections 186–191 were then read.

DISCUSSIONS.

Dr. Martin—The allopaths to-day do treat these skin diseases locally, and while they have found out that the eruption is simply the external manifestation of an internal nerve irritation which prevents the skin from being properly nourished; and while this is a step forward in their pathology, yet they do not take

advantage of that knowledge in their treatment, but simply use the local measures, almost to the exclusion of internal means, and the reason they have thought of the internal cause of this external disease is because the homœopaths have had to think the matter out themselves, and the old-school physicians have profited by it. Even in chorea they simply give remedies to tone up the nervous system, and thus suppress the external manifestations of the disease.

Dr. Chapman—What is their success in chorea?

Dr. Martin—They suppress the disease for a time, and seem to cure quicker than we do ; but it returns again inside of six months, and in some cases returns many times. Dr. Dana, of New York, says that the disease frequently returns and occasionally other diseases come on in its place.

Dr. Bradley—A case of chorea was under my care which did not improve. It went to an old-school physician, who gave Chloral-hydrate and Bromide of Potassium, which cured. The patient is now in State prison.

Dr. Chapman—I had a case of a boy fourteen years of age, who had been in allopathic hands for two years. He did tolerably well for a time, then became very bad, and came to me. I tried several remedies, and at last gave *Migale*³⁰, which did remarkably well.

Dr. J. M. Selfridge—Here is a case : A boy ten years of age with chorea which had been preceded by an eruption on the skin which had been suppressed by the use of Zinc ointment locally applied. The skin disease looked very much like that of lepra. A few months after it disappeared chorea commenced. I told the parents that I would like very much to bring out the skin disease again. I gave *Bryonia* to throw it out again, which it did, with the result that I was not wanted any more. The chorea was due to the suppression of the rash in this case. The allopaths do treat skin diseases as if they were local.

Dr. Martin—They have all kinds of applications. I have seen a great many cases supposed to be cured by these men, and yet these nerve symptoms come on later. *Eczeema capitis* is the most dangerous when local treatment is used. The poison must

react some way. There are a great many chronic nervous diseases due to these conditions. If the old-school men would follow these cases up they would see how bad the results are. I have used *Migale* in cases of chorea with splendid results.

Dr. Wilson—I had a case of *eczema capitis* in a little girl. She had been treated by allopaths in the Samoan Islands, who suppressed the eruption, after which she became very sick, and remained so until the eruption appeared again. She came to me, and I gave her Sulphur³⁰, which brought it all out again until her head was one whole scab. I had to put a net over the head to keep the flies off. As soon as the eruption commenced to come out she began to improve, and kept on getting better, until finally she was entirely cured by the Sulphur³⁰.

Dr. Auger—Speaking of allopaths treating skin diseases locally and not internally, I will say that when I was an allopath I treated locally but also constitutionally, as I thought the local disease was due to some constitutional taint, as heredity or the like. I used Arsenic, Iodide of Potash, or some remedy to get an alterative effect, and in this way counteract the constitutional taint. I found that sometimes these conditions were kept up by troubles of the digestive organs, torpid liver, bowels, etc., hence I treated these troubles, too. As far as my treatment in those days is concerned, I did not believe it local trouble entirely, and therefore treated both externally and internally.

Dr. Martin—That is why Dr. Auger is a homœopath now; as his statements show that he did more thinking than is usually done by old-school practitioners regarding these conditions.

Dr. J. M. Selfridge—Is that the general trend of the allopaths now?

Dr. Auger—I think not.

Dr. Bradley—I am well acquainted with Dr. J. Austin Miller, of Oakland, and he claims that allopaths do consider these conditions general as well as local, and that a large proportion of these cases are given Sulphur internally with an ointment externally.

Dr. Chapman—I had prairie itch when a boy. I was given Sulphur both inside and out by allopaths until I declared that

I would not have any more of it. I then treated myself by putting my hands into a bowl of hot water and allowing them to stay there for some time, as it seemed to relieve the terrible itching more than anything else; and I finally cured myself with this treatment.

Dr. McNeil—Professor Hebra and the men at the University of Vienna treat them all locally. There is a tendency, however, of allopaths coming our way. The term “nervous” is not a clear expression as a cause of skin diseases. The French dermatologists have come to our views as to the psoric origin of skin diseases. This is the sycotic theory.

Dr. J. M. Selfridge—They call it a dyscrasia.

Dr. Chapman—Do they not now teach that the surgical treatment of fistula in ano will result in phthisis?

Dr. McNeil—Yes; this statement may be found in Osler. He says that if consumption be present the operation hastens death.

Dr. Martin—Years ago they used to say that the stoppage of chronic ear discharge would cause consumption.

Dr. C. M. Selfridge—Also that the curing of chronic ulcer of the leg would produce the same result.

Dr. McNeil—I had a case of a woman who had an indolent ulcer on one of her legs for thirty years, alternating with colic. There was not much pain in the ulcer, but profuse discharge. It was often healed by external applications, but would be invariably followed soon after by colic so severe that often for five days and nights she would have no sleep. I cured her with *Calcareo-carbonica*²⁰⁰. This remedy covered both the ulcer and the colic. Six years after she had a slight return. I sent her more of the medicine, and she has since remained cured. How could she have had two diseases without any apparent connection? She had *one* disease which manifested itself in *two* ways.

Dr. Martin—It was the *skin phase* of the disease. I have a man under my care suffering from rheumatism in the ankles, knees, and wrists. He had large, impetiginous, ulcerated spots on the wrists. Local applications had been used which cured

the ulceration, but made the rheumatism worse. Sulphur²⁰⁰ was indicated, which I gave, and the patient is now doing well.

Dr. C. M. Selfridge—I had a case of a man with occasional attacks of colic, associated with a 5 A. M. diarrhœa. He had an accident to one of his legs, knocking it against a timber. A sore appeared on the shin, and then he had no more colic. I gave Sulphur for a year. The patient said that his father had had a similar sore.

Dr. Chapman—The old-school men formerly used a seton for the relief of various conditions, and claimed they had fine results.

Dr. McNeil—When they gave up the seton, then they made a mistake.

Dr. J. M. Selfridge—In regard to the continuity of disease: I had a case of eczema of the head and face in an infant. I thought it a Rhus case. The mother had applied tar ointment, with the result that the rash soon dried up, the little one became drowsy, and cerebral symptoms developed. The mother, being an intelligent woman, inferred that the drying up of the rash was the cause of the cerebral symptoms. She took off the application, and the patient got better; then came to me, and I gave it the indicated remedy to cure.

Sections 192–195 of *The Organon* were then read.

DISCUSSIONS.

Dr. McNeil—A point comes in here: When we are called to a case of acute disease. If we are called early and give the indicated remedy, it will usually cure. If we are not called early, we cannot cure the acute trouble, but we must cure the psora. In scarlatina, for instance, if called early and give the indicated remedy, that will be the end of the treatment. Sac-lac. will do the rest of the work for weeks. If we are called later in the disease, the internal psora may have been aroused into action, and we will then have the sequelæ to look out for. The sequelæ are simply the effects of the aroused psora.

Sections 196, 197 of *The Organon* were then read.

DISCUSSIONS.

Dr. Bradley—In regard to the sequelæ of scarlatina—post-scarlatinal dropsy, for instance. Is it psora or the poison of scarlatina passing through the kidneys which causes the dropsy?

Dr. McNeil—You now get down to a material cause of the disease, and it will not bear investigation. The indicated remedy given promptly will cure. The latent psora does not need to be cured, but if aroused it attacks the kidneys, and hence the psora must now be cured.

Dr. Chapman—In any case of scarlatina before desquamation is complete, if cold is taken does it not cause nephritis?

Dr. McNeil—The mortality in eruptive fevers is not any greater in the slums than among the higher classes. This is also so in Vienna and other parts of Europe, where the peasantry is much worse off than our poor here. *It is the psora*, not the cold, which causes the dropsy.

Dr. J. M. Selfridge—From my observations, the sequelæ do not come for two weeks after the scarlatinal rash disappears. Exposure would predispose the nerves to irritation, as in burns nephritis may be caused by the removal of the cuticle.

Dr. Martin—That is just exactly the case. I have never had any of the sequelæ of scarlatina, but I keep my patient confined to the room for six weeks, until desquamation has entirely ceased. The skin is sensitive, and exposure to cold would produce these effects as in eczema. Ulceration of the bowels often follows burns, as the internal organs are extremely sensitive to disease, for they feel the effects of the congestion. Another disease, diphtheria, produces a neuritis due to the effects of the diphtheritic poison upon the nerves, in the same manner that Mercury, Lead, and Arsenic produce inflammation of the nerves. Diphtheritic paralysis is common in the old school, but not in ours.

Dr. McNeil—I admire the logic of the gentleman, but logic is often overturned by effects. In the Franco-Prussian war large numbers of typhoid-fever cases were treated in the open

air in the streets. It rained frequently, and yet the results were the best of any ever known.

Dr. Martin—There are just as many cases of cold on Nob Hill as there are on Tar Flat, and the illustration given by Dr. McNeil does not cover the case at all.

Dr. Chapman—I do not see the application of Dr. McNeil's remarks.

Dr. McNeil—It is the same in any of these diseases; they say if there is any exposure to cold they have it. Nephritis does not arise from cold; *it comes from psora*. If you give the indicated remedy in time they will not have the sequelæ.

Dr. J. M. Selfridge—Speaking of cold, here is a case: A sea-captain's daughter, sixteen years of age, was attacked with measles. She was sitting in the doorway of her state-room with an open window behind her, which caused a slight breeze to blow upon her. The measles receded, convulsions came on and she died. It was like driving in an eczema, and it went to the brain.

Dr. Chapman—Could that have occurred if the patient had no psora?

Dr. McNeil—No.

Dr. Bradley—If a person is not sick, can you tell whether they have psora or not?

Dr. McNeil—If I examine for it I can usually find it. We nearly all have it more or less. Jim Corbett has it.

Dr. J. M. Selfridge—A great many have it, but not all. If we have not psora we have something else.

Dr. McNeil—If you commence now and take a careful report of your cases, questioning carefully regarding the personal and family history, you will find that there is psora in nearly every case.

Dr. J. M. Selfridge—I cannot think we all have it.

Dr. Martin then read Section 80, stating what psora is.

Dr. Bradley—Do all true homœopaths believe this psoric theory?

Dr. McNeil—Yes; and if not they are not true homœopaths. They must accept the psoric theory as a fundamental truth.

Dr. Martin—The whole trouble is that the meaning of the word is misunderstood. *It is the fundamental cause of all disease.* Some call it germs, bacilli, etc., but these are simply changes of name.

Dr. J. M. Selfridge—It is not the fundamental cause of every disease. Hahnemann gave other causes.

Dr. Martin—They are all the same.

Drs. J. M. Selfridge and McNeil—No; they are not.

Dr. Martin read again Section 80—*i. e.*, what psora is.

Dr. McNeil—They are separate and distinct.

Dr. Chapman—If gonorrhœa was suppressed, and there was no psora, would we have sycosis?

Dr. McNeil—Yes.

Dr. Martin read Section 80 again.

Dr. McNeil—I never understood it so.

Dr. Auger—Then one cannot have gonorrhœa or syphilis unless there is psora?

Dr. McNeil—I will not accept this until I go over it more carefully in the original German. I think there is a mistake here. How does this agree with the fact that Hahnemann has antipsoric, anti-syphilitic, and anti-sycotic remedies?

Dr. Martin—He simply classifies his remedies. If there is no particular term applied to disease, then no particular term will be required for the remedy. If not, it must be the antipsoric.

Dr. Chapman—Any remedy capable of curing a chronic disease is antipsoric.

Dr. McNeil—No; we may have a patient needing antipsoric, anti-syphilitic, or anti-sycotic remedies. Hahnemann tells us if necessary to give all three together; for he meant them to be distinct and separate.

Dr. J. M. Selfridge—Hahnemann recognized three distinct miasms. Psora may be mixed with the others, but still they are distinct.

Drs. Martin, Chapman, and Wilson—Psora is the base of all disease.

Section 198 was then read.

DISCUSSIONS.

Dr. J. M. Selfridge—Hahnemann's idea is that the indicated remedy should not be used externally, as it may suppress.

Dr. Chapman—Some teach that the local manifestations are not the principal symptoms to get. Hahnemann speaks of it as such.

Dr. McNeil—In looking up a case of ulcers in Boenninghausen you look for the modalities and concomitants. It takes all to give the totality of symptoms. A man with ulcer thinks that is all of his trouble, and so it is with many. Dr. Dunham in a case of ovarian disease, said the symptoms seemed to indicate *Cyclamen*. It was given and cured. Then it was discovered that *Cyclamen* had never been proven on women.

Dr. Chapman—Section 153 tells us that prominent symptoms are the ones to be considered. In my experience sometimes it is the subjective, and at other times the local ones that give me the key for a remedy. Often there are no subjective symptoms, and then we have to judge by the local.

Dr. McNeil—If all the features of the case were present we could tell better what to give.

Dr. J. M. Selfridge—Even if we had the true *simillimum* it would act by suppressing the disease, without curing it if used externally.

Dr. Chapman—It acts more rapidly externally than internally, and hence takes away the prominent symptoms upon which we would prescribe.

Dr. McNeil—We must prescribe for all of the symptoms.

Section 199 was then read.

DISCUSSIONS.

Dr. McNeil—Boenninghausen was the best explainer of Hahnemann, yet if we look for a remedy in his book for ulcers, for instance, we find under "ulcers," round, flat, and all kinds of ulcers, and we may cure a case by selecting a remedy from this group; and yet if we turn to "ameliorations" and "aggravations" we are liable to find other remedies that would seem to answer our purpose perhaps better.

Upon motion of Dr. Wilson, seconded by Dr. Chapman, the meeting then adjourned to meet again the third Friday in June at the office of Dr. McNeil in San Francisco, when the reading of *The Organon* would be continued, commencing at Section 201.

ELEANOR F. MARTIN, M. D.,

Secretary pro tem.

ANTI-VACCINATION.

PORT RICHMOND (S. I.), N. Y., June 18th, 1895.

TO THE PRESIDENT AND MEMBERS OF THE AMERICAN INSTITUTE OF HOMŒOPATHY :

DEAR SIR—I regret that the duties I have undertaken as Secretary of the Anti-Vaccination Society of America will prevent my attending the meeting of the Institute at Newport, but I ask you to kindly give some attention to the remarks I wish to lay before you.

I confess I am at a loss to understand how any person professing confidence in the teachings and principles of the great Hahnemann could ever give countenance to the blood-poisoning process of vaccination, nor yet how *any* surgeon who believes in *asepsis* can deliberately pour septic material into the blood. But the course of many persons calling themselves homœopaths, and even, I regret to say, some societies calling themselves homœopathic, has been so uncertain and erratic upon this subject that I feel impelled to beg your serious attention to it.

The testimony taken before the really *packed* tribunal of the Royal British Commission has nevertheless been so overwhelming in proof of the uselessness and injuriousness of vaccination that it is really impossible for any person of sound mind, who will take the trouble to study that testimony longer to entertain a doubt.

That commission was deliberately packed at its very outset, and it proceeded to take the evidence *in secret*. This was certainly wise, for had the press of England been permitted to lay before the people of that country the damaging evidence day by day as it proceeded, I verily believe the people would have risen in mobs and torn to pieces the blood-poisoners of the Local

Government Board—the analogue of our Boards of Disease, miscalled Boards of Health.

These things were established by that testimony without possibility of doubt, viz. :

1st—That vaccination never has prevented and never can prevent an attack of small-pox.

2d—That it is powerless to modify any such attack.

3d—That it has invaccinated, and is liable to invaccinate *syphilis, cancer, leprosy, tuberculosis, scrofula*, and many other diseases.

4th—That the human analogue of cow-pox is syphilis or great-pox. Proof of this last is also to be found in the classical works of Dr. Crookshank and Dr. Creighton, the latter the author of the article "Vaccination" in the *Encyclopedia Britannica*, 9th edition, volume XXIV.

5th—The testimony above referred to renders it almost certain that vaccination has caused more deaths and diseases than ever has small-pox, whose dangers and ravages have been wickedly exaggerated by official quacks.

6th—That Jenner was a mercenary charlatan whose ignorance and impatience of scientific methods were equalled only by his mendacity, in which last he has been imitated by his official followers.

In short, you will find, if you investigate the subject, that vaccination was conceived in ignorance, born in fraud and deception, and nourished and maintained by falsehood, robbery, and murder.

I earnestly entreat the American Institute of Homœopathy to appoint a committee to investigate this subject, and to report at its next annual meeting. I trust that the homœopathic body will do honor to itself by being one of the first official bodies to repudiate blood-poisoning as a medical process. I will cheerfully permit the members of your committee (should one be appointed), and any other member of the profession freely to consult at my office as above the four blue books of the British Royal Commission, the works of Drs. Crookshank and Creighton, also the classical works of Dr. Buckley on *Innocent Syphilis*. And,

in conclusion, I desire you to bear in mind that every medical man who now opposes vaccination was brought up to believe in it, and that to adopt his present opinion he has had to overcome professional and educational prejudices of immense strength.

I have the honor to be, dear sirs,

Yours very truly,

MONTAGUE R. LEVERSON, M. D.

—*Antivaccination News.*

AGGRAVATED CASE OF NEURALGIA (NEURITIS?)
OF FIFTH NERVE. RELIEVED BY NATRUM-
SULPHURICUM.

JOSEPH T. O'CONNOR, M. D., NEW YORK.

On January 4th, 1893, Rev. Mr. — was referred to me by Dr. S. F. Wilcox for my opinion as to the advisability of evulsion of the left fifth nerve for a frightfully severe neuralgia. The history was as follows: Some ten years ago he had a second molar tooth extracted from upper jaw, right side. Bleeding continued for eight days; there was some slight pain on touching the vacant space and on washing the face. He had a bad attack of neuralgia in that side in about three months; it lasted a short while. This was repeated, and the attacks gradually grew longer in duration and more frequent. Two years ago he underwent the operation of resection of the maxillary branch of the nerve at the foramen in the malar bone, and experienced relief from pain during the following summer. The trouble, however, returned in the autumn or early winter, and now he has no relief from pain. At present the pain is worse after midnight. Any movement of jaws or tongue will aggravate existing pain or bring on a frightful paroxysm. A drink of cold water aggravates, while hot water sometimes relieves. Is somewhat easier by lying down but is intensely restless; cannot lie still at night. There is no thirst; feet and hands always cold. Bowels regular, but has piles, which get worse when the neuralgia is worse. He could not open his mouth to show me his tongue, and it was extremely difficult to understand his

speech. Upon asking how he managed to preach he said that he did but little of that, and that after he got excited he could open his mouth somewhat and so make necessary announcements to his congregation or preach a short sermon.

Arsenicum³⁰ was prescribed. In ten days he returned, saying that his nights were not so bad but that there was no other essential improvement. I could now examine his tongue, and found it coated in its posterior two-thirds with a thick yellowish-brown layer. As this colored coating of the tongue is given by Schüssler as a characteristic for Natrum-sulphuricum, I was anxious to get some more and better indications for that remedy, and upon further inquiry I found that the trouble began when he was living in a very damp house, the walls of which were frequently moist, and that the earlier attacks always came after he had been down in the cellar. On this indication I gave Natrum-sulph.⁶, to be taken in water, with instructions to cease taking it as soon as any improvement was noted. The result was marvelous; he got practically well, and in the course of a few months took a parish in another part of the country. Had not the operation been performed on the nerve I feel sure that the cure would have been absolute before he left.

My chief object in recording this case is to urge upon the practitioners of Homœopathy to seek always for the cause of the trouble in chronic diseases and then to prescribe according to the causal indication where such exists in the *materia medica*. This is the only short cut that I know of in selecting a remedy.

PULSATILLA IN SLEEPLESSNESS.

A hard-worked bookkeeper of fifty-six years complained of restless sleep with anxious dreams of his work, which he is unable to accomplish. Indoors he feels oppressed, even when the air is not warm; constant occipital headache, worse at night in bed. Though he feels no pain anywhere, he is generally depressed and weeps easily; but this does not relieve. He is rather inclined to obesity and of a blonde type. Pulsatilla²⁰⁰, two drops in fourteen days. After the second dose he felt greatly relieved and felt entirely well without taking any more treatment.—*A. N. Z.*, 21, 91.

BOOK NOTICES.

ANTISEPSIS AND ANTISEPTICS. By Charles Milton Buchanan, M. D., Professor of Chemistry, Toxicology, and Metallurgy, National University, Washington, D. C., with an introduction by Professor Augustus C. Bernays. The Terhune Company, publishers of medical books. Newark, N. J. 1895. Price, \$1.25.

This remarkable little volume is a perfect encyclopedia of the whole subject of antiseptics. It contains the history of the antiseptic idea from the earliest times down to the present. It then proceeds to give the philosophy and scientific explanation of the whole germ theory and the reason for the practice of antiseptics. Then comes a description of the relation of antiseptics to general medicine, surgery, obstetrics, and gynecology. A list of all the antiseptics known, with statement of composition of each one, and estimate of its value as a germicide is given in detail, all arranged with the utmost care and attention to completeness of description. No matter whether the reader of this notice is a believer in the germ theory or not, he should have this little book; for every accomplished doctor wishes to know what is taught. In this book he is certain to get the latest information concisely stated, and that, too, with the practical details all fully set forth. As before stated, it is a veritable encyclopedia, with the statements well condensed, so that the book is only a duodecimo of 350 pages.

Different books noticed in these pages have been recommended for their treatment of the germ theory; but this treatment was a scientific exposition of its principles. The present book treats it from the practical side, giving the character of the substances used, their active value, and thus affording a choice in the selection of any antiseptic for any specified purpose.

A MANUAL OF GENITO-URINARY AND VENEREAL DISEASES, by Bukk G. Carleton, M. D., with Venereal Diseases of the Eye, by Charles Deady, M. D., and the Vesical Calculus and External Urethrotomy, by Wm. Francis Homan, M. D. New York: Bœricke, Runyon & Ernesty, 1895. Price, \$3.00.

We enter upon the criticism of this book by quoting the preface:

"It has been many years since a concise treatise on genito-urinary and venereal diseases, convenient for ready reference, has been offered for public consideration. The fact that many changes in the treatment have become necessary from a better understanding of the diseases themselves, the rapid

advance in antiseptic and aseptic surgery, and a better general knowledge of Bacteriology, and its relations to cause and effect, pointing the way in many cases to their more rational treatment, to say nothing of the new remedies and operations advocated in the past few years, are sufficient reasons in our judgment for the presentation of this book."

Having now learned the author's motive for writing the book, we proceed to examine the text.

Here we find clear-cut, useful explanations of the various diseases; excellent descriptions of instruments, with admirable wood-cuts, and indications for homœopathic remedies. But rational medicine enters here also. Thus in gonorrhœa, especially in the female, germicides must be given to destroy the gonococcus of Neisser. "Alkalinity of the urine must be maintained to prevent and lessen the scalding as it passes over the inflamed labia." The external parts must be kept clean by frequent bathing with *Calendula* and *Borax*, dusted with *Subnitrate of Bismuth* or *Oleate of Zinc*; douches of *Bichloride of Mercury* and *Chlorate of Potash*; tampons of *Glycerine*, *Boroglyceride*, *Subnitrate of Bismuth*, etc.

With all this adjuvant treatment, there is but small chance for the action of the homœopathic remedy or of an intelligent recognition of the action of the homœopathic remedy if it should occur.

In speaking of the treatment of gonorrhœa in the male, lists of remedies are given, but no indications for them. On the other hand, prescriptions of more than one drug are given; as, for instance, in *chordee* a prescription of *Antipyrin* and *Bromide of Potassium*. Irritation of the neck of the bladder is treated with *Extract of Hyoscyamus* and *Cannabis-indica*, of each eight grains, mixed with *Saccharum-album* forty-eight grains, and made into twenty powders. These prescriptions are credited by the author to "traditional medicine." Nevertheless, there they stand for use, and in close contact with lists of homœopathic medicines given without any accompanying indications by which to select them for these same ailments. The urethra is to be treated with injections of *Sulphate of Zinc* and *Aqueous extract of Hydrastis*; *Zinc Sulpho-carbolate* and *rose water*; *Zinc-permanganate* and *water*; *Boracic Acid*, *Aqueous Extract of Opium* and *Subacetate of Lead*; *Bismuth Salicylate*, *Boracic Acid*, and *Hydrogen-peroxide*.

This is not desirable in a volume that is professedly devoted to homœopathic medicines, especially as all such prescriptions can be found in the books of the regular school of treatment. If this kind of treatment is in accordance with the authorized teachings of Homœopathy, then Homœopathy has no excuse for a separate existence as a system of medicine. Its books are superfluous additions to the library of the physician of universal education and method of practice, and its pharmacy a confusing triviality that ought to be abolished.

If it be said that experience demands this method of treatment with such a vicious disease as gonorrhœa, the answer can be made that the author of this criticism has treated many a case of gonorrhœa without these polypharmaceutic prescriptions, and he therefore knows whereof he speaks.

Instrumental treatment is carefully described and the instruments finely illustrated, especially in such conditions as stricture of the urethral canal.

Gonorrhœal rheumatism is described with care, and indications for homœopathic remedies given in detail. Gonorrhœal inflammation of the eye is treated with homœopathic remedies, the detailed symptomatology being given. But the eye is also treated with disinfecting solutions, such as Bichloride of Mercury, Boric Acid, and Chlorine Water. The pupil must be kept dilated with Atropine "to prevent iritic complication." The conjunctiva is to be painted with Nitrate of Silver, and so on.

Chancroids are treated with escharotics like Nitric and Sulphuric-acids, Acid Nitrate of Mercury, the actual cautery, and the knife. The indications for homœopathic remedies are absent. True chancres are not to be cauterized, but should be dusted with Iodoform, Aristol, Calomel, etc. Some homœopathic remedies are recommended but indications are not given.

Considerable space is devoted to syphilis and the descriptions are clear-cut and yet short. But the treatment is rational and does not show that the homœopathic method of selecting drugs, and administering them is of any service in the treatment of these diseases.

As a contribution to medical literature, this book is certainly an elegant production, and the fine printing, excellent paper, and attractive binding certainly add to its acceptability. But for enabling a student to select medicines on the homœopathic plan, to reach these disorders, or for inspiring him with any kind of trust in the efficacy of remedies thus selected, the work cannot, in the judgment of the writer, be considered a success.

A PATHOGENETIC MATERIA MEDICA : Based upon Drs. Hughes' and Dake's Cyclopædia of Drug Pathogenesis by the Medical Investigation Club of Baltimore, Maryland. Philadelphia, Pa.: Boericke & Tafel, 1895. Price, cloth, \$2.00; net by mail, \$2.17.

The Medical Investigation Club of Baltimore is an organization composed of the following members, all of whom are professors in the Southern Homœopathic Medical College: Dr. Elias C. Price, Professor Institutes and Hygiene; Dr. Eldridge C. Price, Professor Materia Medica and Therapeutics; Dr. Robert W. Mifflin, Professor Pathology and Practice; Dr. O. Edward Janney, Professor Pædology and Orthopædic Surgery; Dr. George T. Shower, Associate Professor Physiology, Pharmacy, and Toxicology, and Dr. Henry Chandlee, Professor of Obstetrics. All these gentlemen are associated together with the avowed object of advancing the cause of Homœopathy by settling the question of the authenticity of the provings made and recorded in the accepted works of materia medica in the homœopathic school. This highly praiseworthy intention they seek to attain by conducting provings in themselves and others; by ransacking the literature of poisons for the most authentic symptoms recorded of poisoning cases; by re-examining the day-

book records of provers of medicines for the homœopathic school, and by drawing upon the *Cyclopædia of Drug Pathogenesis*, Dr. Allen's *Encyclopedia*, *Metcalf's Proverings*, and the *Transactions of the American Institute*.

In conducting such a laborious task they have thrown out all clinical symptoms, all keynotes, and other symptoms not observed on at least ten persons.

The constant repetition of these observed symptoms in different people is deemed absolutely essential to enable them to declare the symptoms authentic and reliable.

This plan is, of course, directly in the line of, as well as harmonious with, the methods in use in every physical laboratory, by every original investigator, who tests his experimental results repeatedly under all sorts of varied conditions before he arrives at his conclusions.

It appeals to the sympathy of every scientific intellect, and seems as if it must produce only the highest results, and as a matter of fact their work has been cordially received by the profession through the medium of the two journals in which it has been published from time to time. This encouragement has inspired them to incorporate it in a book. That book is now before us, and is the subject of this review.

In looking over the work we are at once struck with the reduction in the number of symptoms. The pathogenetic record of each of these drugs is remarkably reduced. Many of our most valued "indications" are not present, while on the other hand many other familiar ones are quite conspicuous.

While it is desirable that the volume of our materia medica should be reduced, and while it is apparent that much of it is erroneous and untrustworthy, it is very doubtful if it can be reformed by wholesale cutting out of large numbers of symptoms by the setting up of an arbitrary standard which, while it rules out much that is worthless, also cuts down the old established symptoms on which we are accustomed to rely.

In other scientific studies, correction of error is not brought about by any kind of arbitrary cutting out of results presumed, *à priori*, to be untrue, but by the laborious testing over again experimentally, of each step in the process by which the result was obtained. It would seem that such must be the method in the materia medica of the new school. The determining the value of a symptom is not to be reached by reasoning, but by testing the drug in the shape of a proving upon people who are not sick, and by observing the effects of applying it clinically in sick conditions. This is necessarily a slow, step-by-step process, which, however, will be effectual if done with sufficient accuracy, patience, and industry. It is being done by lots of practitioners. All who laboriously study out a close comparison of the symptomatology of a case with the recorded symptomatology of the materia medica, who give the remedy which seems to be truly indicated, who record the results of treatment carefully, and then send the records to a reliable homœopathic journal for publication, all these men are contributing to the solution of the problem as to the truth or falsehood of the symptoms of the materia medica. It is

therefore the duty of us all to record and publish every case we treat, whether successful in curing or not, for the sake of contributing to this record. This, we think, is the *true* way of reforming the materia medica. It is the scientific way, it is modeled after the methods of investigation followed in other fields of scientific inquiry, and it takes away the loss that comes to any built-up system which has been the work of a particular discoverer, when it is subjected to the scrutiny of arbitrary minds governed by *à priori* opinions, who are necessarily tyrannical and unconsciously unjust in their judgments.

This same method of reforming the materia medica, open to the same objections as here stated, was made some years ago by the builders of the *Encyclopedia of Drug Pathogenesis*. They produced a work which, however earnest and honest their efforts, has no place in the practical, every-day work of the active practitioner.

In the work now under review, we do not perceive much practical testing of remedies upon provers; it seems rather to be a literary research into the various symptomatologies, and records of provers, that have already been published. This can hardly be called original work, which is what is wanted in such an undertaking as this book represents.

A mistaken motive also has influenced the investigators which actually handicaps their otherwise admirable desire to reform and render indisputable the homœopathic materia medica.

That handicapping motive can be found in the following quotation from the introduction at page xvi:

"The endeavor of the most progressive members of the older school of medicine of late years has been to study what they term physiological drug effects. These physiological effects are none other than what may be more correctly called pathogenetic effects. Consequently, as this volume deals exclusively with pathogenetic drug effects, the attention of the student of the older theories of therapeutic application may be attracted to it, and as no other work exists in which pure and exclusive pathogenetic effects are placed in relation to homœopathic therapeutics, it is to be hoped that this effort will initiate a desire among our brethren of the older school to drop all sectarian limitations, and, with a determination to apply only the strict impartial tests of science to the analysis of Homœopathy, make a critical study of the relation of pathogenesis to pathology."

Here we have exhibited a desire to disarm the hostility of the old school; an attempt to placate their malignity; a wish for union with them on terms of equality. Vulgarly speaking, it is throwing a tub to the allopathic whale! This is the motive that handicaps the work of these gentlemen. It is the motive that has largely influenced the builders of *The Encyclopedia of Pathogenesis*. It is the motive that actuates a large majority of the professed adherents of our school who come into it, reject it, and then practice a mixed new school and old-school therapeutics, variously denominated eclecticism, mongrelism, liberalism, rationalism, etc., while they fill the journals and society proceedings with revelations of their scepticism of the system they profess.

This does not remove the resistance of the old school at all. They are just as earnest and probably as honest in their antagonism as we are in our devotion to the Hahnemann system. They will not be converted in this way. Consequently, all these efforts to captivate them in the ways here indicated are so much wasted energy.

There is no intention here to make any unkind or hostile criticism of the work of these reformers as shown forth in this volume; but we find it handicapped, as before stated, by this desire to cater to the other school, and that will nullify it. It has made the *Cyclopedia* a failure because it has made it useless, and the anxious prescriber is unable to find the *simillimum* from a perusal of its pages.

Any author who seeks to deprive the homœopathic physician of such indicating symptoms as the aggravation from jarring of Belladonna, the perspiration during sleep of Calcarea, the flushes of heat of Sulphur, or any other trusted and tried symptom of the *materia medica* upon which he relies to relieve his cases of sickness, is likely to receive a very cold reception from the medical worker to whom he appeals.

THE REGIONAL AND COMPARATIVE MATERIA MEDICA of Drs. Malcom and Moss has been before the profession for several months. The editor of THE HOMŒOPATHIC PHYSICIAN has made continual use of it in his own practice, and cordially recommends it to the profession.

NOTES AND NOTICES.

DR. F. E. BÆRICKE, senior member of the firm of Bæricke & Tafel, has been appointed by the Governor of Pennsylvania a member of the State Pharmaceutical Examining Board of Pennsylvania, as a representative of Homœopathic Pharmacy.

THE HOMŒOPATHIC MEDICAL SOCIETY of the State of New York will hold its forty-fourth semi-annual meeting in New York city, October 1st and 2d, 1895, and its forty-fifth annual meeting at Albany, February 11th and 12th, 1895. President, Charles E. Jones; Vice-Presidents, W. B. Glifford, D. J. Roberts, and W. Louis Hartman; Treasurer, Charles Deady, and Secretary John L. Moffat, M. D., 17 Schermerhorn Street, Brooklyn, N. Y.

DR. FRANK PARSONS NORBURY, who recently removed to St. Louis to assume the editorial management of the *Medical Fortnightly*, has been elected to the chair of Practice of Medicine and Clinical Medicine in the St. Louis College of Physicians and Surgeons.

VACCINATION.—I desire deliberately and publicly to repeat that I regard every child who dies of compulsory vaccination to be murdered.—EMERITUS PROFESSOR FRANCIS W. NEWMAN.

PEROXIDE OF HYDROGEN.

By J. P. PARKER, PH. G., M. D., OF ST. LOUIS, MO.

Published by the Annals of Ophthalmology and Otology, of St. Louis, Mo.,
April, 1895.

(Abstract from *The Times and Register*, June 8th, 1895.)

I have used peroxide of hydrogen quite extensively for cleansing discharging ears, the nasal, and accessory cavities, and have tried all the brands of the preparation in the market, and once thought one manufacturer's make as good as that of another, and bought the cheapest as a matter of economy; but recent experience has taught me that the difference in quality is greater than the difference in price. After an unpleasant experience with a solution of peroxide of hydrogen which severely injured the mucous membrane, I bought and examined, chemically, a bottle of each preparation of H_2O_2 in the market, and was surprised to find so much difference. Some are useless, and others worse than useless because they contain too little available oxygen and too much free acids (phosphoric, sulphuric, hydrochloric). I now order Marchand's (medicinal) exclusively, because I find it contains the desired quantity of available oxygen, and not enough free acid to be objectionable, and its keeping properties are all that could be desired.

By inquiry I learn that Marchand's is the preparation that is used by almost all surgeons, and it is considered by them the standard.

[My personal experience with peroxide of hydrogen confirms entirely the statement of Dr. J. P. Parker. I have used exclusively Marchand's brand until lately, when I experimented with hydrozone. Then I gave up entirely the use of peroxide of hydrogen and use hydrozone on account of its strength, which cannot be compared with any other brand, even Marchand's. I must say that the results which I obtained with hydrozone are most gratifying.—ED.]

EFFECT OF LIMEWATER.

Discussing the effect of limewater on the urine, the *New York Medical Journal* says: As limewater is almost a necessary part of the liquid diet of illness and infancy, it is very important that all its effects upon the system should be known. That the urine is rendered alkaline by an excess of limewater in the food is a frequent clinical observation, but the nature of this alkalinity has only recently been studied. The mother of an infant noticed an ammoniacal odor coming from its urine-moistened linen, for which the physician could find no other cause than the limewater which had been administered freely in the milk for some months. As a test case, two teaspoonfuls of a very thick cream of lime were well distributed in the milk and other food of a boy four years old. On the evening of the third day the child's urine gave off free ammonia, and had all the characteristic reactions of a dilute solution of calcium carbonate. There was no digestive disturbance.

The test was made by Dr. John J. Abel, of the Johns Hopkins Medical School, whose account appears in the *Johns Hopkins Hospital Bulletin* for April. He further experimented upon healthy animals, and found that when slaked lime was mixed with the food of dogs fed on bone-free meat their urine became strongly alkaline; and spontaneously gave off carbon dioxide and ammonia. It contained, however, absolutely less ammonia in the twenty-four hours than normal urine. It always contained a calcium salt in solution which was not bicarbonate of calcium, and which decomposed with precipitation of calcium carbonate when the urine was allowed to stand. This lime urine exhibited all the characteristics of a weak aqueous solution of calcium carbonate, and a white powder was isolated from it which behaved in every way like synthetically prepared calcium carbonate, except that it gave less accurate results when subjected to quantitative analysis. Human urine was found to react exactly like that of a dog, when large quantities of lime were taken in the food, and it likewise contained calcium carbonate. Carbonic acid, which is believed to be one of the principal immediate precursors of urea, combines with the lime, and the human body probably avails itself of the readily soluble carbonate of calcium to eliminate an excess of lime that has been absorbed. It is an interesting fact that so simple a drug as limewater may cause such hitherto unsuspected changes in the urine.—*Medical Examiner*.

THE
HOMŒOPATHIC PHYSICIAN,
A MONTHLY JOURNAL OF
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

“If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine.”—CONSTANTINE HERING.

Vol. XV.

OCTOBER, 1895.

No. 10.

EDITORIAL.

ARSENICUM-ALBUM.—Continuing the notes from last month, we may remark that the swelling of the face mentioned in the pathogenesis of Arsenicum occurs especially about the eyelids, and is generally observed in the morning. Kali-carbonicum has bag-like swelling between upper eyelids and the eyebrows. This, said Dr. Lippe, is Bœnninghausen's key-note for Kali-carbonicum in whooping cough. Phosphorus has œdematous swelling of the face under the eyes.

Apis also has œdematous swelling under the eyes together with swelling of the lids.

Iodine has œdematous swelling of the eyelids.

The Arsenic patient has sunken face with waxy appearance. It has, also, bluish discoloration of the face. The face is marked with ulcers at times. The Arsenic patient has very dry lips producing a brown streak along the middle of the vermillion border, especially of the under lip. There are also purple black spots on the lips.

Arsenic has sensation of a hair upon the tongue. This is similar to Silicea. Kali-bichromicum has sensation of a hair on the back part of the tongue not relieved by eating or drinking.

Sulphur has sensation of a hair in the throat.

Valerian has nausea from sensation of a hair in the throat.

Kali-bichromicum has tickling high up in the left nostril as if from a hair located there.

Hydrastis, tickling as if from a hair in the right nostril.

Arsenic has great desire for rum.

In Bœnninghausen's *Therapeutic Pocket Book*, edition of 1847, at pages 61, 62, 63, and 64, is given a list of the desires and aversions of the principal homœopathic remedies. In Dr. T. F. Allen's edition of the same author there is a similar list, to which the editor has added a number of remedies proved since Bœnninghausen's time. This list may be found in Allen's edition, at page 67.

This list should always be consulted in making a prescription as it often leads up to the right remedy.

The vomiting of Arsenicum is variously colored—brown, black, red (from blood), and green. This peculiar vomiting should be compared with Apis, Croton-tiglium, and Veratrum.

The vomiting of Arsenic is frequently accompanied with diarrhœa.

Vomiting followed by diarrhœa is an indication for Arsenicum. Vomiting and diarrhœa occurring together is Dr. Guernsey's key-note for Arsenicum.

Vomiting from drinking water is also another of Dr. Guernsey's key-notes for Arsenicum.

In connection with these symptoms of Arsenicum, Dr. Lippe once related a case of a brilliant cure which he made with Arsenicum. It was a case of diarrhœa. There was severe pain in the bowels from drinking the slightest quantity of water, followed by vomiting. The abdomen was so sensitive the patient could not bear the slightest pressure of the sheet, and there was intense restlessness. Arsenicum was given and the symptoms all subsided, and the patient quickly got well.

Phosphorus has vomiting after drinking water as soon as the water gets warm in the stomach. This is Dr. Guernsey's key-note and has been mentioned before.

The editor takes the liberty of adding the following symptoms of vomiting :

Aconite, vomiting after drinking water. The patient declares he will die, then drinks and vomits again. This symptom also has been mentioned before.

Silicea, vomiting after drinking water. The water tastes badly.

Creosote, vomiting after greedy drinking.

Baptisia, vomiting of fluids but not of solids.

Æthusia, vomiting of milk soon after it is swallowed.

Antimonium-crudum, vomiting of what has been eaten and drunk.

Sulphuric-acid, vomiting of food in mouthfuls.

Arnica, vomiting of the least food.

Apis, Arsenicum, Bryonia, Digitalis, Ferrum, Veratrum, and Zinc, all have vomiting after eating.

Stannum, vomiting of water from the smell of food.

Sarsaparilla, vomiting from thinking of food.

Graphites, vomiting and purging with icy-cold sweat and headache. This is similar to Veratrum.

Veratrum has vomiting whenever he moves or drinks.

Veratrum has bitter vomiting and Camphor has sour vomiting.

Æthusia, vomiting with convulsions, eyes turned downward, thumbs clenched in the palms of the hands or sometimes turned backward.

Ailanthus, vomiting on sitting up.

Antimonium-tartaricum (Tartar-emetic), violent straining to vomit, with perspiration on the forehead.

Antimonium-crudum, frightful vomiting; persistent vomiting which nothing can stop. Vomiting with convulsions. This is Dr. Guernsey's key-note.

Nux-vomica, periodical attacks of vomiting.

Arsenic, vomits food the instant it enters the stomach, but

Nux-vomica, vomits it some hours after eating.

Pulsatilla, vomiting after each meal, preceded by pressure in the pit of the stomach.

Many more of these indications for vomiting might be added, but they would hardly be valuable unless properly classified.

This has not yet been done, and they stand in the editor's note-book in some disorder, as they have accumulated gradually through several years of experience.

SOCIETY OF HOMŒOPATHICIANS.

MEETING OF 1895.

SECOND DAY. MORNING SESSION.

Thursday, June 27th, 10.15 A. M.

BUREAU OF CLINICAL MEDICINE.

E. W. SAWYER, M. D., CHAIRMAN.

CLINICAL CASES.

A. L. KENNEDY, M. D., BOSTON, MASS.

CASE I.

In August, 1894, Mr. J. consulted me for slight dullness of hearing of the right ear accompanied by a sense of fullness and some roaring and humming in the head. Three weeks previously while bathing he had got water in his ears and had been troubled ever since.

Mr. J. has now and then consulted me, at which times he has usually complained only of those symptoms that naturally arise as the result of a cold; though now and then he had spoken of urinary symptoms of somewhat troublesome character, and two or three times had complained of seminal weakness amounting to almost inability for sexual intercourse. There was a history of syphilis, but his general health was good, and with the above exception and now and then a few "twinges of rheumatism," he managed to get along very comfortably.

I had prescribed for him from time to time as the symptoms indicated, and he would be relieved for the time being, and until a fresh cold or other exciting cause again awakened new symptoms.

On the occasion of his visit above referred to I prescribed as usual, and also at one or two subsequent visits, but with very indefinite results. His condition remained much the same.

At length on the 23d of November he again consulted me, after an absence of more than two months. His statement was as follows: Had received treatment for his ear (having consulted an aurist). Got relief of the trouble with the ear but since that time his eyes had troubled him. He complained also of a "dull, tired ache" in the legs day and night, but worse at night. Headache through the temples, coming and going, day and night. Severe pain at times in the cardiac region, also at a corresponding point on the right side. Must rise two or three times at night to urinate; must wait for urine to start. Urine voided more easily on standing; dribbles at times.

Appetite poor, thirst, constipation, mouth dry, pulse 90. A few tiny blotches of a reddish hue had appeared on the face. The latter wore an anxious expression, and althogether the man appeared decidedly ill. He had been using *Ka-iod.*, *Prot.*, *Iod. of Merc.*, and *Lithia-carb.*, all in appreciable doses. I gave *Hepar*.

Five days later he came again. He now complained of inability to sleep, owing to the pains. Sharp pains in both temples and especially around and in the eyes, and passing back toward the neck—at one time worse in the left side. For some time has had a peculiar feeling in the legs, on attempting to run, a sort of "gripping" as of a "cramp." Upon attempting to walk rapidly will have a feeling that he cannot do it; must stop; legs feel at such times "as if in a vice." Pains worse *in bed* and at *rest*.

Better moving about or from gentle exercise. Head worse at night on lying. Urine slow in starting and voided much easier on standing. Frequent calls to urinate. Troubled dreams. *Thinks legs are tied together and won't work.* Dreams also of business perplexities. Syphilin.^m (F.).

December 4th, one week, reports: Head all right. Eyes still trouble some. Aching in legs better. Has had two or three good nights. A little "lightness" in legs. Calls to urinate less frequent. No dreams to trouble. Appetite improved. Placebo.

December 12th (eight days).—Has been steadily gaining. He called upon me a short time ago for some slight ailment, and

told me he was feeling finely. In fact, he looked it. He had good color, had gained in weight, and had the appearance of being in every way a well man.

CASE II.

About two years ago I was called to see a young woman who had been strongly advised to submit to an operation for the removal of the ovaries.

As nearly as I could judge from the history that she gave, she had suffered from inflammation of the right ovary and also from inflammation of the pelvic cellular tissue. Her general health was fair, though repeated attacks of pain with swelling, followed by vaginal discharges of a bloody, purulent character, and accompanied by more or less elevation of temperature, had finally had its effect, and she felt that her strength was beginning to falter.

She had been repeatedly told by her attending surgeon that an operation was the only means that could afford her any satisfactory or permanent relief.

She wished to leave the city for the summer, but was told that such a step would be attended by great risk, as at any time she was likely to require the services of the surgeon, that he might operate immediately in order to save her life.

In conversation with the patient I found that while she was pleased at the idea of possible relief without resorting to surgery, yet she was evidently skeptical as to the result in the use of medicines alone; however, after a little talk, she consented to receive treatment from me, and I proceeded to make a record of her case with a view to carrying out her wish.

After a little time the patient asked that she might go out-of-town. As she seemed so anxious to make this change in her surroundings, and I could not see that there was any likelihood of serious results by her removal, I told her she might go.

She accordingly went to Rhode Island and spent the summer. From time to time she suffered from the recurrence of her former symptoms, but with gradually decreasing severity, so that upon her return in the fall there was evidence of improve-

ment in her general condition, and she had *not* been obliged to call a surgeon to save her life.

She continued under my care, receiving remedies from time to time, for perhaps more than a year before she was entirely relieved of the trouble that so long had annoyed her, and at one time assumed so formidable an appearance. For some months now she has been the picture of health, and this notwithstanding the fact that her mother has been ill, and she has taken care of her, beside doing the housework for the family, necessitating a good deal of going up and down-stairs.

But two or three days ago I received a letter from her, in which she stated that she seldom has an ache or a pain, and were it not for a tired feeling that she has at times (owing, doubtless, to the hard work she has done) she could consider herself *well*.

CAPILLARY BRONCHITIS, WITH BRAIN SYMPTOMS, CURED WITH STRAMONIUM.

SAMUEL A. KIMBALL, M. D., BOSTON, MASS.

F. B., a little girl three and one-half years old, had been ailing for a few days with a cough and some disturbance of the digestive tract, with pain in the abdomen at night after eating, much loud belching and offensive flatus. She seemed better, and was allowed to go out, but her cough became worse, and I was telephoned late one night that she was in great pain, evidently in the abdomen, sharp pains coming and going suddenly, and causing her to cry out, much rumbling of wind, hot skin, restlessness, with twitching of muscles and of limbs in sleep.

I advised them to give Bell.^{1m} in water for three doses unless relieved.

In the morning I found her no better, and there was a much more serious condition present than the parents or I had been aware of.

She was delirious, moaning, crying out, and sometimes singing; there were twitching of the muscles of the face, twitching of the lips, making faces, distortion of the face, grinding of

teeth, twitching of fingers, dilated pupils; a hard, racking cough, with involuntary urine at times, rattling respiration and fine râles all over the chest, front, and back. There was a desire for light, but not marked. The skin was very hot. Pulse, 160; respiration, 84.

The important symptoms seemed to be the moaning, singing, crying out, grinding of the teeth, and distortion of face.

Singing and moaning give: Apis, Bell., Cic., Cocc., Cupr., Hyosc., Lach., Mag-c., Nat-c., Op., Phos., Sep., Stram., Tabac., Tarent., Sul-ac.

Grinding of teeth gives with these: Apis, Bell., Cic., Hyosc., Phos., Sep., Stram.

Distortion of face and crying out: Apis, Bell., Cic., Hyosc., Stram.

The desire for light would narrow it down to Bell. and Stram.; but carefully comparing the five preceding remedies, Apis, Bell., Cic., Hyos., and Stram., Stramonium seemed best suited to the case, covering the twitchings, the dilated pupils, rattling respiration, and râles in the chest, and while it does not have involuntary urine with cough, it has it with other conditions.

One dose of Stramonium^{cm} (F.) was given dry at 10.30 A. M.

At 3 P. M. they reported at my office that the conditions were the same, no better; if anything, a little worse.

In a case with so sudden an onset of serious symptoms it seemed as if the remedy should have accomplished something in that length of time, and Stramonium seemed still the best indicated remedy. The child, however, did not usually respond well to remedies, and I sent one dose of Sulphur²⁰⁰ to be given dry.

At 6 P. M. I found her better. There had been intervals of quiet, less crying out, less moaning, and she had slept quietly for half an hour; but there was much grinding of the teeth, and she had mewed like a cat several times.

There was one peculiarity about her condition. She would repeat for a long time any outside noise that she heard, such as the sound of a drum, mewing of a cat, etc. This she would do over and over again. No medicine was given.

At 9 P. M. she was worse. All the original symptoms had returned with increased violence; there had been but little sleep, and twice she had arched her body, resting on her head and heels, almost a condition of opisthotonos.

There were the same grinding of the teeth, distortions of the face, crying out, singing and moaning.

It seemed still a Stramonium condition, and Stramonium²⁰⁰ was dissolved in water and a dose given at 9.30 P. M., with instructions to repeat every hour for three doses if necessary, but to stop if there was any improvement.

The next morning I found her much better. After the first dose at 9.30 the night before there was an improvement. She slept some and was more quiet until midnight, when there was a repetition of the moaning, crying out, and twitching of the face, but after another dose she was quiet the remainder of the night and slept for some time. She had taken milk and was rational in the morning.

There was still rattling respiration, and cough. Pulse, 144; respiration, 72. She preferred to lie upon the right side. Her father, an excellent observer, told me he frequently counted her respirations during the night as 120 per minute. No medicine.

In the evening she was still improving, rational, no more twitchings or crying out, and the respirations had fallen to between 48 and 60.

The next morning I found she had passed a good night, the cough was better, and the respirations were from 40 to 45. She rapidly progressed to a complete recovery, and, as is often the case, was much better than for a long time.

In looking over the case, would it have been better to have given the Stramonium²⁰⁰ in water at first, or to have repeated it in water after the failure of the CM dry without giving the Sulphur?

Such speculations are always interesting, but a successful result is apt to bias our opinion in favor of what was done. Possibly, repeated doses might have been successful at first, but in such severe cases of nervous excitability the single dose, high, is usually to be preferred, especially in children, who may be

extremely susceptible to repetitions, and a severe aggravation result.

When this single dose failed, would it have been better to repeat the same, or another potency, in water?

If the Stramonium^{em} was the remedy and potency, it seems as if some amelioration ought to have shown itself, if only for a short time; but there seemed to be no response, and on account of her former lack of reaction to remedies the Sulphur was given. When the Stramonium was given again there was no doubt about the remedy; the only question was what potency to give and how to give it, and the 200th was selected and repeated in water.

Adjourned to 2 P. M.

SECOND DAY. AFTERNOON SESSION.

Thursday, June 27th, 2 P. M.

The following telegram was received from Dr. Adams, of Toronto, who was prevented by illness from attending the meeting:

"Though absent, yet present. May you have a medical Pentecost. Greeting to all.

"ADAMS."

Dr. J. W. Thomson presented the following amendment in writing:

"*Resolved*, That the words 'spirit-like life-force' be stricken from sections I and III of the Declaration of Principles, and that the words 'vital force' be used in their stead."

THE MIND SYMPTOMS OF OUR HOMŒOPATHIC DRUGS.

J. R. HAYNES, M. D., INDIANAPOLIS, IND.

Hahnemann tells us that we ought to give the mind symptoms a prominent position in the totality when taking a case—*i. e.*, that they are of the greatest importance in selecting the proper

curative remedy for the case. This I have found time and again to be true, and that it should never be neglected at any time.

Let us illustrate: We are called upon to prescribe for a case; we find a dull, heavy headache through the whole top of the head, somewhat aggravated by motion; nose stuffed up or running; tongue heavily coated white; clammy, sweetish, sticky taste in the mouth; throat sore, painful upon swallowing; no appetite, disgusted with the sight or thought of food; considerable thirst, wants large quantity when drinking; gone sensation in the stomach and abdomen; wants to urinate often, but small quantities at a time, but must go at once—somewhat painful in passing at the time; soreness of the muscles of the limbs and whole body, worse by light pressure than by hard, but no particular pain upon motion; spasmodic, hoarse cough, which cannot be controlled until a small quantity of mucus is raised; skin hot and dry; feels the least draft of air; better when heated up, and when perspiring wants to keep up the perspiration, as all of the symptoms are better.

Now, every one of these symptoms is found in the pathogenesis of *Mercurius-viv.*; shall we give it?

Let us refer to the mind symptoms of this case and see if they will correspond: Weak, languid, no ambition; gets set down it is hard work to move; has to use great energy to stir; gloomy, sad, and despondent; feels as if all friends had forsaken them; thinks that every one is talking about or making fun of them; gets angry at the least trifles, then tears will run down their cheeks; every little thing annoys them; wishes they were dead and out of the way.

Mercurius-viv. has some of these symptoms, but not the most prominent ones. Shall we give it here? If we do we will most certainly meet with a failure, because it does not have the totality of the mind symptoms of the case.

Again, we have a severe headache over the whole head, dizzy through the forehead, aggravated by motion or on attempting to raise up; tongue coated yellowish brown on the posterior portion, red and somewhat pointed tip, sore stinging, burning fauces; soreness through the larynx; strangling tickling in the

throat-pit, causing severe coughing spells; nose somewhat stuffed up or discharging sticky mucus; no appetite; dry, sticky taste in the mouth; thirsty, but takes moderate drinks; sticky, nauseating, sweetish mucus in the fauces; griping, cutting pains in the stomach and bowels, with flatulent colic; diarrhoeaic stools; pains relieved for a time after stool, but soon returning again; urine scant and reddish brown, with sediment upon standing, with decomposed odor; joints swollen and painful, causing great restlessness; pains somewhat relieved by motion; must move and turn about; cannot sleep until after midnight, and when tired out drops to sleep, which is restless, and when awakened feels perfectly exhausted and cross.

Here we have a perfect picture of the symptoms of *Rhus-tox*.

Let us look at the mind symptoms. Wakes up cross and snappish; cannot bear to be spoken to; can hardly give a civil answer; wants to be let alone, yet wants attendants where they can be seen; feels afraid to be left alone. Now if we give *Rhus* in this case we most certainly meet with a failure, as the totality of mind symptoms does not come under the head of that remedy, and cannot cure them.

Again, we have a patient who has a dull, heavy headache, dizzy through the forehead, aggravated by motion; attacks of vertigo, especially when attempting to walk; reels and staggers as if intoxicated; tongue heavily coated white and flabby; gives impression of the teeth; sticky, clammy taste in the mouth; no appetite; but little thirst; feels nauseated if attempting to eat or drink; tenderness in the stomach and bowels; urine scant and high-colored and of a strong odor; stools sluggish and putrid; soreness in the joints and extremities; joints swollen and sore; sore in all of the extremities, aggravated by touch or motion; ameliorated by perfect rest, but restless; must move even if the pains are aggravated; restless, dreamy, worthless sleep until near daylight, when a quiet sleep is obtained, and when awakened is in a perspiration, and wants to curl down and go to sleep again; feels tired and does not want to be disturbed, but as soon as the perspiration dries up, which is soon after awakened, then the nervous restlessness returns;

must move about, although the pains and soreness are greatly aggravated by every motion ; the skin becomes dry and hot.

We will find every one of these symptoms under the pathogenesis of *Byronia*.

Let us now look at the mind symptoms. Gloomy and despondent ; thinks every one has turned against them ; thinks every one is talking about them or making sport of them or conspiring against them ; would like to get out of sight and have a good cry all to themselves.

Would *Byronia* cure this case ? If we give it we will most certainly meet with a failure, for the totality of the mind symptoms does not belong to that drug, and cannot cure it.

Again, vertigo ; feels as if drunk ; repeated attacks of fainting, congestive headache, heaviness in the head, vacant feeling in the head, confused feeling, with severe pain in the head, with pressure in the left side of the head ; constant staring around at surrounding objects, buzzing in the ears, face cold and pale, stupid expression, putrid taste in the mouth, tonsils red, difficult swallowing, dread of water, empty eructations, cramps in the stomach and abdomen, sore to the touch ; frequent urging to stool, with small discharges ; urine scant and high-colored, constriction of the larynx, hysterical aphony, rattling breathing, dry, spasmodic, cough ; tightness across the chest, pulse hard and strong, muscles of the chest sore, painful numbness of the hands, cramps in the thighs, trembling of the arms and hands, cold hands and feet, cries out when asleep, skin burning hot to the hand, heat, but no desire to drink. Now, here is a case in which every symptom is found in the pathogenesis of *Hyosecyamus*.

Let us look at the mind symptoms : Unconscious, sees ghosts, hears voices, sees strange objects, imagines that animals are jumping at them, converses with spirits, cannot bear to be alone, alternate exultations and melancholy, pangs of conscience, reeling, as if drunk.

Shall we give *Hyosecyamus* ? Will it cure this case ? It will most certainly fail, as it does not cover the mind symptoms, and would be worse than useless.

Vertigo from the use of narcotics, vertigo on rising from bed or a seat; worse after meals, grasps at the head; sensation of coldness in the cerebellum, sensation of stiffness in the brain, headache over the left eye, hot vertex, congestion to the head, with numbness in the limbs, worse in a warm room.

Scaly bald spots on the head, copious dandruff on the scalp, hair falls out, scratching makes the itching worse; after reading a dull pain deep in the eyes; black spots before the eyes, worse from looking at bright objects; contracted pupils, sounds reverberate in the ears, noises in the ears, with throbbing sensations; profuse green discharge of mucus from the nose, without coryza; sensation of fullness in the nose high up in the left nostril, with loose mucus; wing-like motion of the *ali nasi*, freckles on the nose, face ashy pale, circumscribed spots on the cheeks, puffed under eyes, nose, and lips; mouth and throat dry, no relief from water, gums stand off from the teeth and bleed easily, taste slimy and bitter, tongue coated whitish yellow, more in the middle; mucus in the throat removed with difficulty, sensation as of cotton in the throat, wants to eat, but as soon as food is offered does not want it; wants ice-cream or something refreshing, aversion to meats or sweets, regurgitation of food without nausea; as soon as water becomes warm in the stomach it is thrown up; gurgling in the stomach, with goneness in the region of the stomach; rolling and rumbling in the abdomen, with empty feeling; chronic painless undigested stools, with thirst for water during the night; urine scanty and frequent, with red sediment; frequent erections, with sexual weakness; larynx sensitive to the touch, larynx feels as if lined with fur, with roughness and rawness, worse in the evening; cough worse from a change of weather, especially from warm to cold; sputa grayish brown and tough, stitches through the left chest, congestion of the chest, worse from excitement or any emotion; burning in the palms, with clammy sweat; feet swollen in the evening; when walking makes missteps from weakness; limbs tremble from exertion, over-sensitive to external impressions, light noise, odors, or touch; sleepy in the day-time, but restless at night; feels stupid in the morning, as if they had had no

sleep; tired, does not want to stir; profuse night-sweats, clammy, worse when asleep; rigors and heat alternate, brown spots in the skin of the chest and body.

All of these symptoms can be found in the pathogenesis of Phosphorus, and here we have a case of phthisis pulmonalis. Shall we give it?

Let us look at the mind symptoms. Must keep in motion day and night. Brain felt as if stirred up; felt as if going insane; melancholy mood, low spirited; irritable and sensitive, quarrelsome, flies into a passion at trifles, and when it has passed off feels like crying, low spirited, or extreme irritability.

Here we find that Phosphorus is not the remedy, and if given in high potency will most certainly kill the patient in a short time.

A great deal has been said about giving of Phosphorus to old consumptives, when it was indicated by the majority of the symptoms, and if it was given and injured the patient, then there was a fault in the law, and that it could not be universal. If they had considered the mental symptoms it would not have been given, as it was *not* the homœopathic remedy for the case, it only shows that if the wrong remedy is given even in a very high potency, it is not only superfluous but will do the case a great harm, hence Hahnemann was right in saying that we should pay particular attention to the mental symptoms of the patient, and also to those caused by the drug itself. I think that this explains why many cases are injured by carelessly examining the mental condition as Hahnemann has directed us to do in all examinations.

CLINICAL CASES.

J. R. HAYNES, M. D., INDIANAPOLIS, IND.

In December, 1892, was called to see Miss —.

Objective—Was about twenty years of age, light complexion, light brown hair, blue eyes; would weigh about one hundred and twenty pounds. Face and limbs waxy and enemic, and color-

less; tongue colorless and flabby; abdomen puffed and decidedly dropsical; feet and legs dropsical and an indentation would remain for sometime before being replaced.

Had been in the hands of numerous "regulars," who had dosed her for all that she was worth, and finally told her that she was utterly incurable, and that she could not possibly live more than a month, and that there was no use of her trying for assistance as it would be perfectly useless, as there was no help for her.

Subjective—Mind very gloomy and despondent (probably what she had been told by her former attendants had something to do with it). Would cry at the least attempt to sympathize with her; everything looked dark and blank before her; felt as if she had no friends and that no one cared for her, at other times ill-humored.

Sensations—Sensation of weakness; numb feeling in the limbs, with dull feeling in the occiput in the evening.

Head—Headache from the nape extending through to the forehead with a dull feeling all through the whole head.

Head, outer—Falling out of the hair, which was dry and brittle, lifeless; would mat easily.

Eyes—Pressure as if behind the eyeballs; puffed condition of both upper and lower eyelids; disturbed vision, could not read but for a moment at a time, as everything would become all blurred and dance about.

Face—Pale, bloodless, and puffed.

Tongue—Pale and flabby, fissure in the centre, and bloodless.

Mouth—A collection of viscid mucus in the mouth with foul taste.

Throat—Accumulation of viscid sticky mucus in the throat and fauces, which was hard to clear out in the morning.

Desires—Craves large quantities of cold drinks, wants something that would be refreshing.

Eating—Very poor appetite, nothing suits her taste.

Stomach—Heavy feeling in the stomach, sensation of emptiness in the stomach.

Abdomen—Feeling of tension in the abdomen, with soreness to touch.

Stool—Tardy, infrequent, hard, dry stool, with itching about the anus.

Urine—Scanty, dark, yellowish, some smarting when passing it, strongly alkaline and heavily charged with albumen and with considerable fœtor; decomposed easily.

Sexual organs—Had not menstruated for nearly two years; acrid leucorrhœa, which caused considerable external irritation.

Breathing—Oppression of the chest, more especially in the upper portion when laying down; must have her head bolstered up high.

Heart—Sore pain in the region of the heart; pulse small and wavy.

Limbs, upper—Weakness and numbness and trembling of the hands; rapid growth of the finger-nails; pale and bloodless.

Limbs, lower—Legs go to sleep easily, tops of the feet œdematous and dropsical, which extended to near the knees, and doughy.

Exertion—Complete exhaustion upon the least exercise.

Fever—Sourish, unpleasant smelling sweat after slight exercise.

Skin—Pale and dropsical, easily dented.

Sleep—Nervous, restless sleep, dreaming of the most horrible fantasies as soon as she shut her eyes; dreams of seeing frightful hobgoblins, awakes in a fright, feels exhausted in the morning, has no ambition or life, sees nothing to live for.

Upon studying over this case I gave her Fluoric-acid^{cm}, one dose with Sac-lac. in water, to be taken one teaspoonful every two hours for one week, when the same dose was repeated with the Sac-lac. Very soon some slight improvement set in, and after four weeks she was kept on Sac-lac. The albumen began to disappear, the urine became acid, and menstruation made its appearance in about six weeks, and has continued regular since. In about three months the case became stationary, when two

doses of Fluoric-acid were given one week apart, followed by Sac-lac. The Fluoric-acid was all the remedy that she had, and in about six months she was discharged as cured.

There has been no trouble up to this time, and I think that we may pronounce her case cured.

CLINICAL CASES.

F. O. PEASE, M. D., CHICAGO, ILL.

CASE OF MARY K.

Age fifteen years, nearly ; dark brown hair, gray eyes ; in health, a plump and well-developed figure of medium height. Father tall, slender build ; slightly stooped ; nervous temperament. In general good health, but now sick with typhoid fever—ninth week. Also a nine-year-old sister, convalescing. One sister, thirteen years old, died 9th of October from typhoid fever. Patient's mother in good health usually ; of neurotic temperament and given to neuralgias, etc. Patient was always a healthy child, except skin troubles, and grew rapidly last three years ; was plump ; weighed 145 pounds ; healthy and strong up to time of sickness. Menses first in fourteenth year ; period due on October 15th : did not appear. October 25th took a severe cold, and complained much of feeling so tired and weak ; thought it was due to non-appearance of menses and the cold ; tried to use syringe and hot-water douche to bring on flow, but could not insert tube because of painful ulcer (size of a dime), sore and raw-looking on the mucous surface of left labia. This healed in a few days ; Carbolic-acid bathing (a white membranous slough came off, leaving raw surface, which slowly healed) ; about the 31st of October or 1st of November she became delirious at night, and was put to bed on November 2d. On the 5th a crack in skin over tip of coccyx appeared ; was very delirious ; "wanted to go home ;" would jump up and try to get out of bed to go home ; must catch a train ; called for and talked with the sister who died October 9th, and saw others of her friends ; must get them food or a place to sleep, and would seem as exhausted as though the work was

really being done. She coughed from the first appearance of the cold.

Nostrils stopped up and hearing disappeared; was very restless; was kept in a stupid quietness by doses of Morphia and Antipyrine. During this time blood had settled around the crack in skin over coccyx, which had turned black, hard, and dry. Wherever the flesh was pressed upon or handled even carefully, ecchymosis began at once, especially about hips, heels, and crest of ilii.

In the course of four or five days the skin got black and hard over coccyx, then dropped out, leaving a gaping ulcer. This was washed out with Carbolic-acid water, and Ammonia water for bathing the body was used, and also Iodoform. These were continued to December 26th. Iodoform was used when or wherever the skin broke open or the black and dried sloughs came away.

Discharges yellow, dark, watery, and offensive. Poultices of Flaxseed meal, compresses of Soda-water, etc., were also used, and Peroxide-hydrogen injected into ulcers. Was vaccinated eighteen months ago; arm ulcerated and was greatly swelled.

Always has had tendency to skin troubles, boils, and pimples. Discharges offensive from bowels or bladder, and menstrual flow offensive, skin dirty; must bathe often to keep body clean. Had in childhood measles, whooping-cough, mumps, and chicken-pox.

The house is situated over an old, poorly-drained slough; lived in since June last by the family.

About a week before the ulcer on labia patient slept with a neighbor girl of fifteen years, who was disliked by mother of patient and not allowed to come again. Patient seems to be and always had been a pure-minded child; had worked during summer in a boarding-house; not away from home nights.

During sickness no appearance of menses, now four months. Under care of three different allopathic physicians, and for just nine days a homœopathic M. D., who continued the Iodoform, poultices, and Peroxide-hydrogen and syringing; *none of the physicians had ever looked at or examined the sores or skin of pa-*

tient. All unanimously said that the sores were of slight moment—were only from pressure.

On December 25th the homœopath prognosed probable fatal ending within a day or two.

On December 26th the mother brought to me the above report, which I gathered by careful questioning, and also the following statement of her condition on December 26th. From this point in the case I give report of case and treatment by dates. Patient being in suburbs, reports were daily up to the 28th, when I saw her for the first time.

December 26th, 1893.—Present condition, high fever, 104 F. on eve of the 25th; skin dry, rough, and scaly; tongue dry, shriveled, hard, and dark; thirst marked, large drinks, worse at night, with much restlessness when awake, quiet in sleep; bowels constipated; stools have been light or grayish in color; urine very scanty, dark, strong odor, not frequent, passed unconsciously, has had all along white sediment like thick milk; some milky discharge from vagina; when awake is delirious, at times momentary consciousness and again at times quiet, or is restless with arms, pulls at the bed-covering; motion causes complaint of pain and soreness; breath cadaverous; picks at nose much; swelling of feet and ankles; if turned on left side hands get cold and purplish; the sores *look* worse on the right side but *discharge* more from left side; abdomen sunken, not sore to touch; sores or ulcers over hips, sacrum, coccyx, up the spine, and on left heel. From this description, and after consulting with my colleague, Dr. E. W. Sawyer, I concluded to send Phos-acid ^{2x}, a drop in a tablespoonful of water once in four hours, before taking her food; also to remove all dressings and poultices from the ulcers, wash clean with soap and water; to put on only dry dressings of absorbent cotton, and to remove all Iodoform, Carbolic-acid, etc., etc., from the room, and to report to me in the morning.

December 27th.—Resting easy this morning; slept from one to two hours during the night. Said she felt sleepy this morning, but has been awake and quiet. Tongue is moist and lighter in color, and the surface of body is more natural; the odor

from the sores or discharges very bad, and she seems very weak.

I send Cinchona-off.^{1x} gtts. 2 in water every four hours. Report again in the morning.

December 28th.—“ Mary was very restless up to one o'clock A. M. Complained of her back. No urine from 9 A. M. to 1.10 last night. Bowels not moved for three days. Seemed to relish the corn-meal gruel; some chicken broth and a glass of egg lemonade yesterday and also this morning. Bubbling noises from the ulcer on right hip last evening for a time. Picks her nose much, and face flushes in the evening. Tongue clearer and moist.” This was the morning report. I saw the patient at 6 P. M. for the first time; found her with face flushed, expression somewhat wild, pupils dilated, temperature 100° F., pulse 140, weak but regular; tongue rather clean, moist; breath from nose offensive, not so from mouth; nostrils dry, scabbed, and black inside; emaciation of body and legs marked; skin dry, rough, and scaly, in fine lines; dark ecchymosed broad lines around the limbs and knees, as if skin had parted under the epidermis, sore to touch.

Coccyx naked and exposed for two and one-half inches, in the middle of the cavity, which was three and one-half or four inches long by two broad. Bone looking dry and black except tip, which was dead white. Ulcerous, circular openings over each segment of sacrum at the left border, and increasing in size from below upward, and ulcers up the spine over the spines of vertebræ. Deep opening at border of left crest of ilium one inch deep by one and one-half broad, the cavity black, dry, with grayish spots, oozing pus; on the flank below this, posterior to the left trochanter, four openings to deep broad abscess or pus pockets profusely discharging yellowish creamy pus (this had changed from watery, dark, on the 26th). The tissues felt doughy or boggy for an area of four or five inches, skin bluish or leaden color. The right trochanter was protruding, dry, black, and covered with a thick sphacelous or mass of dead tissue (adherent) from an opening four or five inches long from above downward, and three or three and one-half inches from

before backward, pus burrowing among the emaciated muscles, the opening gaping widely.

I proceeded to syringe out all openings and to wash the parts with boiled water, applying dry absorbent cotton dressings, with orders to change as often as necessary, and gave the patient a single dose of Pyrogen^{cm}, and stopped the Cinch-off. Placebo once in three hours.

May 9th.—No menses. Felt yesterday as if to be unwell, but no “show.” Is gaining flesh and strength rapidly, can almost straighten limbs, is happy and cheerful, cheeks red and rounding out. Cannot or will not bear weight on feet, but continues the use of bicycle. Lac-vac.^{def. cm}, six powders, one dose at night.

May 21st.—Has become nervous lately, worse in the bad weather (thunder storms), easy tears, won't try her weight on feet. White mucous sediment in urine. Some loose stools, one was greenish. No pain with this diarrhœa. Phos-ac^{lm}, one dose.

May 29th.—Is moving to Kempton, Ill. No signs of menses. Cords of legs still shortened; tries to bear weight, but is afraid to; heat in feet, nights; hungry between meals. Sulph.^{lm}, four powders, one each morning.

June 12th.—By letter. Menses came on 9th (or 8th) natural. On 10th, after a drive, at midnight was waked with pain in bowels, griping, loose stools; soreness on Monday, 11th; could not eat; feverish and in bed all day. Diarrhœa like pus (?) and offensive. I sent China^{lm}, to be taken after stools if not better.

June 16th.—Report: General improvement began spontaneously. She did not get the China. Can walk a little without help, and almost upright.

December 29th.—Report quiet sleep most of the night. Urine scanty, but more frequent and involuntary. The skin is more moist and mind more clear. Pus lighter colored and less offensive. Temperature, 100.7. Pulse, 112. Tongue, red streak in middle and dry tip. R. Placebo.

January 1st, 1894.—Marked improvement in general. The

coccyx nearly covered with granulation tissue and the flabby gaping is less—*i. e.*, the coccygeal opening is smaller and less patulous.

Other openings, as that over left cresti illii nearly filled with granulations. The large cavity around right trochanter does not sag or gape so widely, and discharges not so profuse from sinuses on left flank and scarcely any odor. Tongue moist and clean, no red streak. Bowels moved spontaneously Saturday night with knowledge of patient, and natural odor and form. Complains of fidgety and restless feet. Is hungry and relishes food. Pulse, 106; temperature, 99. Placebo.

January 3d.—Report of mother. General improvement is steady, and she brings me the “caps” from the spines of the coccyx, two of them that had rested on the top of granulation tissue over coccyx, which is covered. Urine scanty, but twice in the twenty-four hours, still involuntary not unconsciously. Good appetite. Complains much of feet, and wants them moved often. Still lies on back. I send Zinc^{1m}, one dose, and Placebo.

January 5th.—Good sleep and appetite. Can lie on left side. Tries to pull off bandage on right hip in sleep. Another piece of bone came off coccyx yesterday, granulations continuing. Memory still clouded, urine unconsciously passed. Strong odor from right hip abscess, large slough separating. Tongue red but moist. Pulse, 112. *Rx.* Pyrogen^{cm}, one dose.

January 9th.—Reported on the 6th. Monday morning: Suppression of urine or at least no urine from Sunday morning. Increase of delirium. I sent Hyos^{1m}, a dose in water at 2, 4, and 6 P. M. Passed urine at five o'clock unconsciously. In sleep is restless, when awake complains of a board under her back. (The patient herself clipped off the slough from the right trochanter yesterday.) From the abscess on left flank a slough or mass of tissue (like candle-wicking) was removed also. These sloughs took away with them the offensive odors, leaving now the discharges from all sources almost odorless and creamy. Pulse, 102. *Rx.* No medicine.

January 12th.—General improvement, urine free and profuse

in the aggregate. Saturday up in chair; yesterday, for the first time since sickness, mind clear and natural, except memory only reaches back to recent events. Discharges of pus only from the deep abscess on left flank; she can lie on either side. No medicine since Hyos. of Monday, 10th. As she complains of backache at night and relief from change of position, is not thirsty; the tongue is red at the tip, and weather is damp and stormy, I gave one dose of *Rhus*.^{1m}.

January 15th.—Eating and sleeping pretty well. No discharges from the sores, which are rapidly cleaning and filling. Mind perfectly clear; memory reaches farther back. Urine voluntary and natural. Saturday night mother was frightened by a peculiar lifeless expression of face; she complained of being so tired; asked to be turned over; dropped to sleep; in early morning called for bed-pan, and with aid of enema passed good stool, and was better all day Sunday. Asked for onions and vinegar. Can now move her feet, first time in four weeks. Epistaxis this morning; slight offensive odor (menses should appear to-day). Complains of heat, but chills if uncovered; easy tears. Yellow leucorrhœa discharge to-day. Puls.^{1m}, one dose, dry.

January 17th.—Since last visit and the Puls. has slept longer at a time; mentally clear; remembers my last visit but forgets recent events, viz.: asks questions over again which have been answered. Openings all around look healthy and are smaller, and only a slight oozing of lymph from the right trochanter opening, which is about one and one-half inches in diameter and circular. Skin edges clean. The one opening left (on left flank) slight discharge of creamy pus. Coccygeal opening one-half inch beginning to scab. Openings over left border of sacrum but little changed in size, are also inclined to scab, but this gets rubbed off. Normal micturition but blackish urine; stool each morning by aid of enema; cannot straighten limbs; thinks the feet are fastened to the bed, but can move them slightly. A white appearance of membrane on mucous surface of vulvar labia. Breath from nostrils offensive and bloody; offensive masses at times are discharged; tongue, a white coat, but moist.

Remembering the early abuse of Carbolic-acid in this patient, I gave Carbolic-ac.^{1m}, three doses in water.

January 23d.—Has been improving in every way since the 17th. The odor left nostrils; the white tongue cleaned off; the urine became normal in color and quantity. The bowels have moved normally the last two days; chalky in color. Headache came on last evening at eight o'clock, forehead and temples; very tired; often waked from sleep complaining of hands and feet being numb; on left side sores look clean and healthy but not closing up (seemingly in *statu quo*); they are more sensitive to touch. *Rx.* Lachesis ^{1m}, one dose.

January 24th, eve.—Saw patient; temperature and pulse normal, as also action of kidneys and bowels. All openings in skin slowly growing smaller or healing by scabbing. Through these openings, viz., at crest of left ilium, posterior to left trochanter, and all around the right trochanter, the muscles plainly visible, their action beautifully shown through the openings by sliding the skin above over the tissues underneath, contractions voluntary and involuntary are seen. The circular opening over coccyx showed the decussating fascicles of the muscles, and that one over, or rather around the right trochanter, owing to the emaciation, allows the trochanter to project through; you see that since the Lachesis the soreness is gone, and even rough handling allowed. The nose (I could now examine for the first time with consent of patient) shows septum ulcerated and turbinated bones partially necrosed. *Rx.* No medicine.

February 3d.—Report is good in general. The septum narium came away; nostrils communicate as far as we can see. Openings in skin gradually smaller; appetite fair; can move the limbs more, but don't like to move or try to get up. Says feet feel like lead; shows improvement in amount of flesh. Psorinum^{50m}.

February 7th.—Reports no particular change, condition about the same. Sulph.^{cm}, four doses, one every two hours.

February 22d.—After the Sulph. on February 7th, began to feel poorly, like chills, every day about noon till one o'clock, followed by fever; sweat in the night during chill; restless;

no better from heat; during the heat was thirsty and drowsy; sweat during sleep. These chills, etc., lasted three days, followed by good progress in all particulars, increase in flesh. From the sore spot over the tip of coccyx a projection of tissue "like the tip of finger," not sensitive to touch. Opening over right trochanter (about one inch in diameter) for a few days has discharged yellow, watery, fetid pus, and red around edges; bowels moved naturally until last three days, constipated. Pyrogen.^{cm}, one dose, and if not better in four days to take Silicea^{cm}, one dose.

March 5th.—The color and odor of discharges improved, and she did not get the Silicea; left trochanter opening "weeping" bloody, watery, and sore. Is nervous, fidgety, and restless on damp days. Appetite changeable, but strength is better, although she don't like to sit up because of pain. No sign of menses, due the 15th. *Rx.* I order the Silicea to be given, and if no better, Asaf.^{1m}.

March 14th.—After the Silicea on the 6th, mentally more cheerful, discharges ceased, bowels moved regularly; good sleep nights until last Saturday was restless; the openings discharged yellow pus. The mother prepared the No. 2 (Asafet.^{1m}) and gave three doses; did not give the fourth because of increase of symptoms on that day. These subsided on Sunday. Bowels now move every other day; craves apples; no menses; cannot support weight on legs; sometimes when on back involuntary urine, stopped at once if she turns on her face or side; there is some smarting from the urine. "Has had leucorrhœa a year, none now." I gave Medorrhinum^{cm}, four powders, one each night.

March 22d.—Better in all particulars.

April 4th.—Gradual steady improvement. No menstrual signs; breath foul; tongue shows imprint of teeth; dirty white greenish-pale spots on dressing from sores. *Rx.* Merc-viv.^{1m}, one dose, dry.

April 14th.—Progressing in strength, flesh, and condition generally. No discharges from sores. No menses yet. No medicine.

April 24th.—Tendons feel too short ; cannot yet make legs straight, but an improvement. No medicine.

May 1st.—Has been up on crutches, and has been out on tricycle, which she can propel herself.

MITRAL INCOMPETENCY—WITH CONSEQUENT PULMONARY LESION.

S. MILLS FOWLER, M. D., CHICAGO, ILL.

CASE I.

Mrs. M. came under my care in December, 1892. She is a boarding-house keeper, aged fifty-seven years ; married ; mother of five children ; the youngest being now about twenty-three years old ; all of the children have been healthy ; there is no history of tubercle or heart disease in her family on either side ; her father died of what was supposed to be cancer of the stomach. This patient has had typhoid fever, malarial fever, and two years previous to coming under care sustained a severe attack of the then epidemic la grippe, from which she has never entirely recovered. She has taken on several occasions Calomel, and Quinine, until the characteristic drug effects were produced. For several years she had been under the professional care of a low-potency, alternating homœopath, who treated her during the attack of la grippe.

She is of quiet, rather cheerful disposition, and very hopeful, a mental condition so often met with in patients suffering from organic diseases, from which there is no hope of recovery. She is tall, spare, and angular, blue eyes, and brown hair, but slightly sprinkled with gray. For years she has had a cough, but more particularly since the la grippe experience. She has had several hemorrhages, some of which have been quite profuse. The cough is peculiar, it generally consists of two little hacks which are repeated every few seconds to a few minutes, and always dry. When there is any expectoration, it comes up with a little hemming and hawking. When there is any expectoration, it is quite free, of varying consistency from thin watery mucus

to thick tenacious phlegm, but no pus. The hemorrhages come on suddenly, without warning, are of bright red blood, and coagulate readily. Then the expectoration will be blood-tinged for a day or two and may be somewhat frothy. The expectoration is never specked and streaked with blood as it is in bronchitis.

There is much emaciation and weakness. Night-sweats have been a prominent feature. At times some hectic. Some œdema about the eyes, and at times the feet and ankles are swollen.

From the foregoing one might be easily led to pronounce this a case of consumption or of chronic bronchitis, and such it always has been diagnosed by my professional predecessors in the case.

The interesting portion of the case here follows: We apply the "Methods of Physical Diagnosis," and try to learn the true nature and character of the affection.

Inspection, shows us a narrow, flat chest, the ribs, clavicles, and scapulæ, all standing out prominently. The respiratory movements are uniform, easy, and very nearly normal, the inferior-costal breathing movements on the right side are a little exaggerated, while the superior-costal movements on the left side are a little diminished. The heart's impulse is exaggerated and somewhat diffused. There is a little unnatural bulging of the cardiac region.

Palpation, shows that the heart action is not particularly forcible, and the impulse is diffused; tactile fremitus is about normal.

Menstruation, shows a chest expansion of two and one-half inches, a fair average for one of her form and build.

Percussion, shows a somewhat exaggerated resonance, but taking into account the thin walls and emaciated condition of this patient, are not indicative of serious lesions. There is an increased area of precordial dullness, which is distinctly abnormal and suggestive, if not quite diagnostic.

Auscultation, reveals, in the pulmonary areas, quite normal respiratory murmurs, as a rule, but at times there are present numerous râles, of all sorts, from the fine crepitant to the coarse bubbling and gurgling. In the cardiac area, however, we have a very pronounced systolic murmur, which has its point of

maximum intensity at the apex, and can be distinctly heard in the axilla and at the back along the left side of the spine. This murmur somewhat masks the cardiac first sound. There is also an exaggeration of the pulmonary second sound.

Now the diagnosis is clear, and this is not consumption or bronchitis at all, but an endo-carditis with mitral insufficiency; a mitral regurgitation and consequent hypostatic congestion of the lungs; a functional disturbance of the lesser circulation.

Years ago Mrs. M. had enlargement of the heart; technically known as hypertrophy. Hers was hypertrophy with dilatation. Compensation was fairly maintained until the attack of la grippe made such serious inroads on her general health that the physical energies were no longer able to maintain it. She is now the victim of broken compensation, which is always sooner or later the sequel of hypertrophy with dilatation.

It is not reasonable to expect a radical cure in cases of this character, but we can do for them what has been done for this; by a careful selection of remedies we can make them comfortable and prolong lives of usefulness.

In these cases there is neither ulceration, tubercle, or foreign substance of any sort. The hemorrhage comes from an aneurismal varix, very like the bleeding of hemorrhoids from the rectum, and although dependent on a constitutional chronic miasm, there is not the danger in giving the deeper-acting antipsorics that there is in the other forms of chronic diseases which are characterized by the presence in the tissues of tubercle, the deposit of lime-salts, or other foreign substances.

Mrs. M. has taken Acon., Ars., Chin-off., Chin-sul., Lach., Lycop., Merc., Merc-dulc., Puls., Sil., Sul. in the higher potencies, as indicated, with very satisfactory results.

She is now, June 26th, 1894, in better health than at any time since the attack of la grippe in February, 1890.

This case illustrates just what Hahnemann teaches in Section III of *The Organon*, which in Wesselhœft's translation reads as follows:

"The physician should distinctly understand the following conditions: what is curable in diseases in general, and in each

individual case in particular—that is, the recognition of disease (*indicatio*). He should clearly comprehend what is curative in drugs in general, and in each drug in particular—that is, *he should possess a perfect knowledge of medicinal powers*. He should be governed by distinct reasons, in order to insure recovery, by adapting what is curative in medicines to what he has recognized as undoubtedly morbid in the patient—that is to say, he should adapt it so that the case is met by a remedy well matched with regard to its kind of action (selection of the remedy, *indicatum*), its necessary preparation and quantity (proper dose), and the proper time of its repetition. Finally, when the physician knows in each case the obstacles in the way of recovery, and how to remove them, he is prepared to act thoroughly, and to the purpose, as a true master of the healing art.”

I have underscored, and would further emphasize the sentence, “He should possess a perfect knowledge of medicinal powers.”

I believe that Hahnemann recognized the danger in antip-soric treatment of tuberculosis, and diseases generally that are characterized by the presence in the tissues of foreign substances, and had it all in mind when he wrote this section of *The Organon*.

When the physician distinctly understands what is curable in diseases, clearly comprehends what is curative in drugs, and possesses a perfect knowledge of medicinal powers, then there will result from his labor a minimum of danger and a maximum of safety.

CASE II.—PUERPERAL FEVER.

Mrs. R., aged about thirty-five. A strong, robust German woman. In her sixth confinement. I was hastily summoned about 8 o'clock on Wednesday morning in January last. About 3 A. M. she had a severe chill which lasted nearly an hour. I had been in the house but a few minutes; only long enough to find a temperature of 104°, and asked a few questions, when a Catholic priest who had been sent for arrived, and I, with all

of the household except the patient and her new-born infant, were literally turned "out in the cold" for more than an hour. After this a discussion was held as to who should take charge of the case. The priest thought that the doctors could do nothing for her. He had performed the "last rites of the church," and that was all that could be done.

Finally I was again admitted to the sick-room, to do what I could.

About a week previously she had been confined under the tender (?) ministrations of a young allopath, assisted by a middle-aged eclectic. She had at the time of her labor been thoroughly ergotized, and then finally delivered with instruments.

Subsequent to delivery, she had been "douched" with clock-like regularity, by direction of the regular (?) physician every four hours, with hot medicated lotions of some sort.

The nurse reported that at times there had been a decided fetor to the discharges, but that she had kept it down with disinfectants.

At 11 A. M. her temperature was 106° F., and had risen at the rate of about a degree an hour from the termination of the chill. Pulse was 140, full, hard, and flowing (the opposite of bounding). She was bathed in perspiration, and though covered in blankets and a feather-bed, complained of feeling chilly. The abdomen was much distended and tympanitic. Nearly the whole body, the face, neck, and arms, was covered with a dark-red rash, somewhat resembling measles. Her mouth and throat was so dry that she could scarcely speak, yet she wanted no drink; was not thirsty. The lochia had been suppressed, and there was no milk in her breasts.

There was no doubt in my mind that there was some influence at work here more than the natural ones and recognized it as that of the Ergot. It seemed to me that this influence must be counteracted. For this purpose a single dose of Secalcor.^{cm}, was given dry on the tongue.

The remedy unhesitatingly was Puls., which was given in solution every hour.

At 1 P. M. the temperature had not advanced, but remained at 106°.

At 2 P. M. it had fallen to 105°.

Placebo was then prepared and given every two hours.

At 8 P. M. the temperature was 102°, with a decided change for the better.

No more medicine was given, and the patient was convalescent the following Sunday, and has needed nothing since that I am aware of.

A CASE OF DIPHTHERIA.

S. MILLS FOWLER, M. D., CHICAGO, ILL.

Master K., aged three years.

When I first saw this little patient he had been sick for three days, and the parents becoming alarmed, thought it advisable to call in a medical man to share the responsibility of his death.

I found him lying on his side with his mouth partly open, with a heavy sort of snoring respiration and a bloody, excoriating watery fluid running from his nose, and the characteristic odor of diphtheria in the room.

A dirty, grayish white coating covered nearly the whole of the pharynx and fauces, being thickest on the left side. The tonsils and pharynx were much swollen and of a dark purplish red. The neck and throat were swollen on the outside, and very sensitive to touch. Although he seemed in a decided stupor, he did not want anything to come in contact with these parts, and would involuntarily pull at the clothing around the throat. He did not want to be handled or touched; it seemed to cause pain; but preferred to be left quietly on his bed.

Lachesis, which was the only remedy that came to my mind, seemed only to palliate; it arrested the progress of the disease, and that was all. It was tried first in the CM, and later in both higher and lower potencies. The child did not improve, but it got no worse.

After two days of this sort of waiting anxiety, and not

being able to settle upon any other remedy, I gave one dose of Diph.^{cm}, Swan, dry on the tongue, which acted charmingly, and the little fellow was convalescent in two days.

CLINICAL CASE.

F. G. DAVIS, M. D., QUINCY, ILL.

Mrs. R. L., æt. sixty. Thin, tall blonde.

May 4th, 1894.—Appeared for the removal of a wart on face one inch below the right eye. Wart was horny and hard, except the base, which was soft and slightly red.

There was some deafness, with neuralgia in head about temples and sides of face. Unpleasant buzzing in ears. R̄ Caust.^{lm} (F.) dry.

May 11th.—Wart looks the same, but since taking the remedy has suffered very much with rawness between the toes, smarting and itching; bowels became loose. This foot trouble was an old symptom she had got some better of, but it had begun to come on since the warm weather. R̄ Sac-lac.

May 21th.—Reports no better; feet sore; profuse perspiration of feet; used to suffer with herpes on legs. R̄ Kali^{cm} (F.).

June 12th.—Reported wart dropped off several days ago, leaving no mark; feet are better. R̄ Sac-lac.

ACCIDENTAL PROVINGS OF BELLIS-PERENNIS.

EDMUND CARLETON, M. D., NEW YORK, N. Y.

The common white daisy has been slightly proved in the rough. Allen's *Encyclopædia* quotes from the *British Journal of Homœopathy* the experiments made by Dr. Thomas, with tincture of the whole plant when in flower; the third dilution; external application of the tincture, and chewing the flowers. Symptoms appeared, of head, stomach, upper extremities, and especially the skin. The latter are as follows:

From Allen's *Encyclopædia of Materia Medica*, Vol. II, page 128.

BELLIS-PERENNIS. SKIN.

“Development of a small boil (after five hours) from external application of tincture. Small boil at the angle of the inferior maxilla, right side (after chewing the flowers). Painful pimple a little behind the angle of left inferior maxilla (third dilution) after third day. Large boil on back of neck, commencing with a dull, aching pain; some difficulty and bruised pain in keeping the head erect; began as a slight pimple, with burning pain in the skin, increasing until, in six days' time, it was very large, of a dark, fiery, purple color, and very sore, burning and aching pain in it, accompanied with headache extending from occiput to sinciput, of a cold, aching character; brain as though contracted in frontal region, dizziness, etc. (after two weeks), from the tincture.”

It is my impression that additional provings of *Bellis-perennis* have found their way into our current literature, but have not been collated; and as this scrap has been furnished at very short notice, I have not had time to look them up. One thing is certain. Lately our British colleagues have employed it—shall I say empirically?—constitutionally and locally, for all sorts of traumatisms with great success. It is in high favor in England, and the few American physicians who have employed it are equally enthusiastic over it. Careful provings and clinical demonstrations by Hahnemannians are desirable.

The following fragment was obtained from one of my most intelligent patients, the mother of two youths, a son and daughter: A friend brought a huge bunch of daisies from the country and gave them to the children. They separated the bunch into bouquets, arranged them in vases, added water, and by such means handled the stalks and blossoms. Very soon, probably the next day, numerous little white, itching blisters appeared between the fingers, filled with colorless liquid. The mother being obliged to depend upon her own resources for the time, gave *Aconite* in potency to both the children. This relieved the itching. The daisies were thrown away, being accused of the mischief; and in a few days the hands

were well. On the 26th inst. the son came to my office and exhibited his hands. Only the process of desquamation was then visible. No unnatural sensations existed. Close cross-examination by me resulted in confirmation of the history given above. Both he and his sister are well acquainted with *Rhus-toxicodendron* and its action, and are habitually on guard against it. There was no *Rhus* in these cases.

CLINICAL CASES.

OLIN M. DRAKE, M. D., BOSTON, MASS.

CASE I.—TUMOR OF THE NECK.

Mrs. S., of South Brooksville, Me., consulted me for the first time on the 20th of March, 1889, for a tumor that she had on the right side of her neck. The centre of the tumor was about over the angle of the jaw; in size it was somewhat larger than a good-sized fist. It was perfectly solid (*very hard*) and very firmly attached (it could not be moved one iota without moving the whole head), and in such a manner that the motion of the jaw was very much impeded. The surface was not smooth, neither was it nodular, but uneven. Its outline was rather ill-defined, the skin over it was firmly attached with many enlarged cutaneous veins, and its color was deep reddish-purple; it looked precisely the same as I have observed in cancer of the breast just preceding ulceration or breaking down of the tissues. I was unable to find enlarged glands elsewhere. She gave me the following history, and I will give it as she gave it to me, in her own words:

“In April, 1888, a grandchild of mine of four years received a kick from a horse, from which he died in the early part of the following July, and during the time I took the whole care of him, both night and day. About the middle of May there appeared a little bunch; when first noticed it was the size of a pea, and it gradually increased. As we had several physicians attending the child during its sickness, I consulted them to find out what this little bunch could be. One pronounced it scrofula,

and gave me Tincture of Iodine for a wash, but it did no good. Another said it was an enlarged gland, and advised my washing it with Soda water, which I did for about one week, and I think it went nearly away. This was about the first of July. I did not think much more about it till the last part of December, when it began to increase in size very rapidly, and before very long I was unable to lie on my right side on account of its size. During this time I received the attention of two or three physicians, and the last part of February they concluded that I must undergo a surgical operation and have the tumor removed, and for that purpose I came here (Ellsworth) and consulted Drs. Manning and Hagerthy, and they concluded to remove it, and appointed the day for the operation, but the next morning Dr. Manning visited me and told me that the operation was too severe for them to undertake, and advised my going to Portland to the Maine General Hospital, and I was taken to that institution in a few days and was examined by the surgical staff. Each one examined me separately, and after their consultation the head surgeon informed me that my trouble was cancer, and that nothing could be done in the way of an operation on account of its being so firmly and deeply attached, and involving the important blood-vessels, making it impossible to remove it entire, and to remove it in part would cause it to spread or extend itself much faster than if let alone. They advised my returning home, and cautioned me to let it most severely alone and allow no one to have anything to do with it. And now, Doctor, this is all I can tell you ; I know my fate, and I am resigned ; but is there not something that can be done for these pains ? I know Mrs. H. had no sufferings under your treatment. I know nothing about your mode of treatment, but I'll assure you that I will be a most dutiful and faithful patient if you can only relieve me and give me sleep."

The scarcity of subjective symptoms in her case was remarkable ; besides the objective symptoms given she complained of no appetite, extreme sluggishness of the bowels and general prostration, but her great complaint was her inability to sleep and the pains in the tumor. This was the way she put it : "The mo-

ment I try to go to sleep the pains will begin in the tumor ; first it will be a *boring sensation all through the tumor*, followed by *sharp darting pains*." I promised her nothing, but said I would see what could be done. I put up sixteen powders of Conium²⁰⁰ (Dunham), and directed her to put a powder into water each day and take two teaspoonfuls every two hours. This was March 20th, 1889. On April 6th I got my first report, and there was no change whatever. I sent her twelve powders of sugar of milk, to be used in the same way. On April 19th there was no change, and I sent three powders of Conium⁵⁰⁰ (Tafel), and nine of Sac-lac., and on May 2d my third report, but there was no change. What should I do? I could not make a better prescription, and my rule is "*when in doubt, don't*," so I sent Sac-lac., and not until May 28th did I get the first encouraging word, and in this report she says: "Doctor, I think, if anything, I have a little less pain and of course a little more sleep, and I am eating a little more of late." *I never gave her another dose of medicine*, though she continued to take Sac-lac. till the 1st of October. June 22d she reported improvement, and stated "if she was not very much mistaken the tumor was not so hard and was softer." It kept on decreasing in size till September 21st, when she informed me it was all gone. I had the pleasure of examining her personally in December, and I could find nothing of it, neither was I able to obtain from her one abnormal symptom, subjective or objective, in fact, so far as I was able to find out, she was a perfectly healthy old lady of seventy years.

CASE II.—IMAGINARY EATING.

In 1890 I was called to see an old man, a sufferer of dementia senilis ; he had not slept for three nights, requiring the constant attendance of two people to keep him on the bed ; face very red, eyes injected and wild, talkative, inclined to bite, and all sorts of illusions. The most marked symptom in his case was *imaginary eating* ; he would see different articles of food here and there in the room, and would try to get out of bed for them, or he would pick what he would say was a very choice piece of

cake from his coverlet, and after taking a bite of it he would then hold it off at arm's length, and make his comments upon its good qualities; and thus he had been eating for three nights and days. He would masticate and swallow as though it was all a reality. Now I had never met this symptom, and did not know the remedy, but I did what I thought was right. I gave one dose of Dunham's 200th of Bell., and put another dose into water, for him to take a teaspoonful every half-hour till they should report at my office at six o'clock. (I gave him the dose on the tongue at 4 P. M.) By that time I should have an opportunity of looking up the case, and I found the symptom given by Allen under Atropinum. I was then more interested than ever. Atropinum, one of the active principles of Belladonna, had produced the symptoms; would Belladonna remove it? This case was in a family in which they differed very strongly in their medical ideas; one portion of them insisted that Dr. H. should be called, for then they could have Morphine given, which they knew I would not give. But to return to our case. At six o'clock the son came to report, and this was what he said: "Well, Doctor, it did it!" "Did what?" I asked. "Why, put father to sleep, and we can't wake him up to give him any of the medicine in the glass." And thus it was, inside of ten minutes after taking the dry dose he went to sleep, and he *slept through that night, all the next day, and all the next night* till after five o'clock in the morning, and when he awoke he told his wife that he was feeling perfectly comfortable and wanted some nourishment. But I got the credit of being a dangerous prescriber of Opium from that faction of the family that did not want me called in in the first place, and probably they could not be convinced to the contrary. The above patient died two or three months since. I continued to prescribe for him off and on. Once only afterward did this symptom return, but in a much less marked degree and I tried Atropinum (Tafel's 200th), but under its action for twenty-four hours it seemed to increase, and I gave him Belladonna^{40m} (Fincke), and it disappeared for good.

IMAGINATION IN MEDICINE.

STUART CLOSE, M. D., BROOKLYN, N. Y.

Certain important elements of success in healing the sick have been very largely, if not entirely, overlooked. These elements are not apparent on a superficial examination of the subject. In their secondary relations they have been recognized, and successful physicians employ them, more or less unconsciously. Success would be greatly enhanced if they were recognized primarily, and the faculties and qualities referred to were intelligently developed and cultivated.

Reference is made principally to that faculty of the human soul we call Imagination—the least understood and the most neglected faculty we possess, while at the same time it is one of the most important. Its right and scientific use is the key to success. Its misuse or neglect leads to a train of evils which can only be hinted at here.

Other professions than the medical recognize and cultivate the imagination with reference to the needs of their special fields, although the world at large thinks of it as the almost exclusive possession of artists, poets, and dreamers, and values it in proportion as it appreciates the product of their work.

It could very easily be shown that many of the grandest accomplishments which mark the progress of the world have had their origin in the exercise of this faculty, but the object of this paper is to show some of its relations to the art and science of homœopathic medicine. We shall find the basis of our position in Hahnemann's philosophy of life and diseases. In the Hahnemannian philosophy, man is regarded as a triune being, composed of a material body, animated and controlled by an immaterial vital principle for the use of the indwelling rational spirit (*Organon*, § 9). What is meant by the material body is perfectly clear. His doctrine of the second element is not quite so clear, but when the expressions used in the various sections of *The Organon* are compared, it seems probable that he held substantially what might be called the mystical theory of

the soul, as promulgated by the great Mystics of the ages from Socrates and Plato down, including Bøhme, Paracelsus, and Swedenborg. Hahnemann does not devote much time to speculation, but confines his attention principally to the development of the doctrine of the "vital force," or vital principle, also called "dynamics," and "spirit-like autocracy," which is that aspect or condition of the soul concerned in what we call disease.

He shows that disease is a derangement of this vital force—of the harmonious relation between the soul and the body, in which that spirit-like autocracy is partially lost, and the tendency is toward further loss, and final complete separation between soul and body, or what is called death.

The vital force, therefore, is that principle which maintains the harmonious relation between the soul and the body—or Life. The soul is the real man, intangible but substantial, invisible under ordinary circumstances to the physical eye, but the counterpart, organically, of the material body, which it animates and controls.

The body is the instrument and means by which the soul is brought into objective existence, and into relations with the eternal world. The "indwelling rational spirit" is the divine part—the direct offspring of God—immortal, supreme; conscious in all men, manifesting itself through the voice of Conscience, but active in proportion to the degree of spiritual development of the individual.

Man, therefore, in the Hahnemannian philosophy, is essentially a spiritual being. This opens a way for the consideration of the mental, psychical, and spiritual relations of disease.

It may be worth while in passing to remark that the therapeutic system of Hahnemann is the only one based upon this threefold nature of man, and the only one having a principle of treatment applicable alike in the three spheres.

We may confidently claim for the principle, universality of application. Wherever derangement exists and remedial measures are to be applied, they must be in accordance with the homœopathic principle. Man, the microcosm, is only a miniature of the universe—the macrocosm. The same laws hold in

both. The world will learn this by and by. Great will be the changes wrought in the constitution of things when it does.

Having clearly defined man's true nature and constitution, Hahnemann was ready to study the influences which affect him for good or evil. His philosophy opened his eyes to the influence of those finer and more occult forces which affect man, and enabled him to include their results in the scope of his curative process. No one before his time had been able to "minister to a mind diseased." Under his method the mental states and symptoms are advanced to a position of the first importance as indications for treatment. The mental includes the emotional and psychical, and so the whole man is brought under the beneficent dominion of homœopathic law.

The effect of the exercise of the emotions has been referred to as among the prominent causes of disease. Anger, anxiety, fright, grief, indignation, jealousy, unhappy love, mortification, even excessive joy, are all depressing and disturbing influences, and produce characteristic sick conditions, which we must treat and cure. Originating in the psychic sphere, through the disturbance of that principle which maintains the harmonious relation betwixt soul and body, their effects are very soon manifested in the material body, in some organic change. I have in more than one case traced cancer directly to long-continued anxiety and grief, for example.

But all these emotions, as well as their opposites, have their foundation and source in that wonderful faculty of the soul we call Imagination. It is the soil from which they spring and grow—the sphere in which they "live and move and have their being." Imagination first pictures the ground or condition, and then the consequence. The thought, feeling, or emotion follows.

All recognize in a general way the effect, good or evil, of what is called one "personality" upon another, especially where the sick are concerned. Who does not know the almost irreparable harm done by some sympathizing sister who comes into the room on tip-toe, and with every show of affection and sympathy proceeds to inform the patient, in sepulchral

whispers, how sick she looks, how she must suffer, how serious the doctor and the friends look, and then launches out upon a circumstantial description of the sickness, death, funeral, and burial of some one who was afflicted with a similar disease. She goes and leaves the shadow of death behind her. She has drawn a picture from her own morbid imagination and impressed it upon that of her patient, made abnormally sensitive already by sickness. Fear and dreadful forebodings depress the vitality of the patient, perchance beyond recovery.

Who also does not recognize the blessing brought to the sick one by the quiet, cheery, bright, hopeful soul who comes into the sick-room like a ray of sunshine, bringing a flower, a bit of pleasant news, and an encouraging word.

The physician recognizes these visitors, condemning savagely the one, forbidding her the house, while welcoming and indorsing the other. It is doubtful whether all physicians take the lesson home to themselves, however, as clearly as they might.

One, partly grasping the idea, assumes an exaggerated gayety, enters the sick-room boisterously, greets the patient in a tone of voice which makes the windows rattle, chaffs and banters him, and assures him he will be all right in a day or two, while he is engaged in putting up the medicine, to the selection of which he has probably given hardly more than a passing thought. The patient is not deceived by such assumption, nor benefited by such visits.

Another goes to the other extreme. Clothed in black, he enters the room with solemn visage, views the patient and his surroundings, feels his pulse, looks at his tongue, asks some questions, shakes his head ominously, or frowns over some of the replies, gives his directions, and departs expressing a hope that the patient will be better to-morrow with an air which implies that he fears it will not be so. It is probable that his intentions were good. He meant to look wise, dignified, self-possessed. He succeeded only in looking funereal.

In both these cases the imagination is at fault. A false and distorted ideal has been pictured. The profession is favored

occasionally with advice on these matters—the necessity for cheerfulness and a confident air in the sick-room—but little or no light is thrown on the method of attaining or developing these desirable qualities. Those who offer this advice usually speak in generalities, and treat the matter as if these qualities could be assumed at will. They do not realize that assumed qualities are worthless, and deceive only for a short time at best. Neither do they realize the source of the genuine qualities or how to attain them, though they recognize the quality when it comes to them unconsciously. Hahnemann gives the key to solution of the problem in Section 3: “When the physician clearly perceives *what is to be cured* * * *.” This refers back to his philosophy of the nature and constitution of man. The corollary of this statement is that it is quite as important to see what is *not* to be cured. In other words, the physician is to form, by the exercise of his imagination, an ideal of his patient *in health*. This corresponds to the real man, the spiritual man, who *is not sick* or in need of treatment. Let him vividly picture his patient in all the strength and beauty of perfect health, with every function harmonious. Let him not permit his mind to dwell for an instant upon any derangement which exists until this image has been formed. When it has taken full possession of the mind it becomes a standard of comparison and a basis from which to work in making his examination. Using all his anatomical and physiological knowledge to assist him in keeping this standard in mind, let him proceed now to note every deviation from the standard in function and sensation. Mark the attitude of mind. He is to gather the symptoms for the purpose of comparison—first, to ascertain *what in the case is to be cured*, and second, with the symptoms of proved drugs in order to find the similar remedy. He *is not* to consider the symptoms for the purpose of erecting another imaginary structure to be called “The Disease,” which it is his duty to destroy.

Disease is not an entity, and is not even to be imagined as such. This maxim has become almost hackneyed from frequent repetition by all our best teachers. Yet it does not seem

to be fully understood, and the need for its repetition appears to grow more imperative than less. Perhaps it is because there is no firm and intelligent conviction of its essential truth, and a failure to trace clearly the relation between cause and effect.

Once let the idea of disease as an entity take possession of the mind of the physician, and dwell in his imagination as such, and not only will he fail to produce a correct mental and psychical impression upon his patient, but he will frequently fail to find the similar remedy. Remedies are not similar to disease, but to groups of symptoms, which frequently have no resemblance to any disease.

The imagination of the up-to-date doctor seems to be occupied very largely with visions of microbes. The microbe is rapidly growing more numerous and more ferocious, and his ravages more appalling, as attention is directed to him and his habits and appearance are studied. He seems to rejoice in the furore he has created and thrive in the pabulum in which he is cultivated. He is the Homunculus of Faust—the veritable Frankenstein of modern science, who promises to destroy his creator, while he is pluming himself for flights into realms hitherto uninvaded. This is the modern way of regarding disease as an entity. Its results in practice are plainly seen. The theory has taken firm hold upon the mind and imagination of a large part of the profession, and the lay world suffers the consequences. In the attempt to found a mode of treatment upon this theory more *homicides* than *germicides* have been discovered. The physician may sometimes wonder why, in spite of carefully selected remedies, his patient does not seem to improve. May not the explanation sometimes be found in this wrong attitude of the mind and imagination of the physician toward the patient? With his mind occupied by an image of disease which he has conjured up, named, and clothed in all its pathological terrors, an appearance of cheerfulness and hope will be all he is able to accomplish. He is himself, half unconsciously, a prey to fear, and this influence is communicated to his patient in all its depressing effect. There is a subjective and subconscious mind as well as an objec-

tive and conscious one in man. The subjective mind is automatic and absolutely sleepless. Within it occur the phenomena of dreams, of mental impressions, all the phenomena of telepathy or thought-transference, and of hypnotic suggestion. It is frequently most active in sickness, and the patient is then most sensitive to impressions and suggestions, or what is called unconscious influence. The subjective mind of the patient easily penetrates the physician's assumption of cheerfulness, and reads what is going on in the precincts of his subconscious mind. Finding there phantoms and forebodings, doubts and hesitation, it is shocked, depressed, injured.

If the physician is sensitive, he will himself be depressed in vitality, perhaps made seriously ill. A lady remarked to me once that it appeared to her if there was anything in "mental impression," physicians would be sick all the time, as they were so constantly studying and thinking of disease. The true physician is not, and, if he is to be successful as a healer, *must* not be constantly thinking of disease. He is to be thinking of *health*. His attention and desire are both to be turned toward an ideal of health—not disease. In so doing he not only preserves himself, but helps his patient, through the medium of unconscious suggestion.

Hahnemann's first section contains the idea, and he has rightly made it of supreme importance in placing it first. *Health* is first.

"The first and sole duty of the physician is to restore *health* to the sick. This is the true art of healing." He is to form a *true and clear ideal of his mission* and set it constantly before his mind. The physician who permits any other image or ideal to take possession of his imagination is perverting it from its high and holy purpose. How often must it be repeated that disease is not an entity, and the train of evils following this false philosophy met and combatted. Yet physicians will continue to conjure up phantoms of pneumonia, diphtheria, and typhoid fever, with the almost inevitable result of falling into the error of treating the disease instead of the patient. Names assume the importance of things too often, and lead the unwary into error.

The proper use of the imagination will help the physician out of his difficulty.

"I am never confused if I can see far enough," said Emerson. Commenting on this, a recent writer has said, "The imagination is *the faculty which sees*. Of the several faculties by the exercise of which men live it is the most necessary and vital; and yet so little is it understood that it is constantly spoken of as something very beautiful in its activity, but the especial property of artists, poets, and dreamers." Even so, it is the privilege of the homœopathician to be an artist in his work. He will become so by the proper and intelligent cultivation and use of his imagination. Using it properly to form an image of health, strength, and beauty for his patient, and intelligently noting the points in which there is a departure from this true standard, he will be inspired by a desire to make his patient conform. Clear perception of a true standard of health, knowledge of the law of cure, combined with a desire to help, generate courage, hope, faith. In exhibiting and applying these qualities, together with the appropriate remedy, he is wielding the mightiest forces in the universe for good. The very presence of such a physician in the sick-room, by his unconscious influence, gives the patient an impulse toward health, the effects of which will be seen at once. Patients and friends have often observed and spoken of it. He inspires confidence at once. Unconsciously, perhaps, a new idea is set before the mind of the patient, and in his desire to attain it he sets in motion those latent forces of his being which tend to equilibrium and health.

But these faculties may be consciously and intelligently exercised, with greatly enhanced power. The physician so endowed and trained is in a position to instruct his patient how to call into activity these latent qualities and forces, and direct them toward health. Certain patients are said to have recovered through sheer "grit" and will power, who would otherwise have died. Others are said to have "worried themselves to death." It is probably true in both cases. The state and temper of the mind are of the greatest importance. What it shall be often depends upon the patient's knowledge. If he has right

views of the nature of disease, and the principles of cure, he will be more at ease. Nothing that the physician knows in this sphere is improper for the patient to know, and it is the physician's mission and duty to teach him. Teach him the Hahnemannian philosophy of these things and how to apply it, and you will not only directly benefit him, but make him your friend and follower.

Imagination must also be used in the study of *materia medica*, if mastery is to be obtained. The physician who merely reads over symptoms of remedies and cases, and makes a mechanical comparison, will frequently fail in selecting the remedy. Another maxim we frequently hear is that "mere symptom-covering is not enough." We have also heard of certain great ones—masters of the art—who have the rare and precious faculty of "getting at the genius of the remedy." What does it mean? What is the difference between the mere symptom-coverer and the master—the artist who discovers the genius of the remedy? It is simply that one has learned how to use his imagination while studying, and the other has not. The *artist* sits down, reads the proving of a medicine, and studies the symptoms in all their aspects and relations, analyzing, comparing, reflecting, until an image or picture is formed in his imagination which takes form and color and coherency. He *sees* the remedy with the internal eye of his imagination. All its characteristic features stand out before him as he gazes. It becomes real to him. It inspires him. It becomes his familiar friend, whose features he will henceforth recognize wherever seen. It becomes a part of his mental furniture—to be used when called for.

So in examining and studying a case. Again he forms a symptom-picture in his imagination; but his picture takes the form of a remedy, not a "disease." We say, "these symptoms indicate a remedy." Let it be so actually. Let them exist in the mind as a counterpart or reflection of a remedy which must be found. They are the language of the suffering organism, and indicate a loss of harmony, which is accom-

panied by dis-ease—loss of ease. Nothing more. This will disappear when the cause is removed and harmony restored.

This is not by any means to make light of the patient's sufferings, or to underestimate the gravity of his condition. It takes full cognizance of both, but in such a manner as to act in harmony with the laws of the human mind as well as body.

He who ridicules a patient's sufferings, or tells him they are nothing, or "only imaginary," commits as grave an error as he who treats the disease instead of the patient. His own mind and imagination are dwarfed and distorted. When Hahnemann's injunction to give the mental symptoms the highest rank is remembered, let it not be forgotten that sometimes the mental symptoms of the physician are of quite as much importance as those of the patient.

"Physician, heal thyself."

BOOK NOTICE.

INTERNATIONALES HOMÖOPATHISCHES JAHRBUCH. Annales homœopathicæ von Dr. Alexander Villers, Volume II. Dresden, 1894. Verlag: Expedition des Homœopathischen Archives, Dr. Alexander Villers. Price, cloth, \$1.50 net; by mail, \$1.62. For sale by Bœricke & Tafel, 1011 Arch Street, Philadelphia.

This book consists of two parts. The first part contains a list of all the homœopathic physicians in America and Europe, arranged according to countries and cities, and again in alphabetical order, regardless of residence.

The second part is a catalogue of homœopathic literature, arranged alphabetically.

Such a book as this is very useful to every active practitioner as a work of reference. Unfortunately, it has some serious drawbacks. These are errors arising from insufficient proof-reading. There is much bad spelling from this cause, and some addresses are wrongly given. Then there are many omissions. Thus the writer of this review is unable to find his own name and address in the list of physicians in Philadelphia. Others are likewise omitted. All this kind of errors ought to be thoroughly eliminated in future issues, which can be readily done by repeated and careful proof-reading, and by using only the latest and most reliable lists of physicians in making up the volume.

T H E

HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

“If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine.”—CONSTANTINE HERING.

Vol. XV.

NOVEMBER, 1895.

No. 11.

EDITORIAL.

ARSENICUM-ALBUM.—Very little can be said of the symptoms of the abdomen, as Dr. Lippe gave but few notes and they were not important.

Proceeding now to the symptoms relating to the rectum and stool, we find that, as was stated in last month's article, the stool is loose and accompanied with vomiting. A characteristic of the stool is that it is acrid and it burns as it passes the border of the anus, and there is tenesmus. The diarrhœa of Arsenicum is worse from eating and drinking. The diarrhœa is accompanied with dragging pain around the umbilicus. Arsenic has bloody stools and so also have Phosphorus, Hamamelis, Alumina, and Millefolium. Arsenicum has prolapsus of the rectum, and the rectum remains protruded after hemorrhage of the varices of the lining membrane. Arsenicum has hemorrhoids that burn like fire; with amelioration by lying down. The hemorrhoids pain as if from hot needles. This is a characteristic of Arsenicum. Thus we find headache under this remedy as if a hot wire were thrust into the ramifications of fifth pair of nerves. We find, also, swollen upper lip with pain as if from red-hot needles. Pains in the face generally as if from red-hot needles. This statement thus fixes in the mind the association of the drug Arsenicum with the symptom, pain as if from red-hot needles or wires. The pain of the hemorrhoids is worse from walking or sitting, but not during stool,

and, as previously stated, better from lying down. Apis has hemorrhoids with burning, stinging pains. See May number of this journal, page 203, line five from the top.

Arsenicum-album has diarrhœa from taking anything cold into the stomach. Therefore it has diarrhœa from drinking cold water. In connection with this symptom we may add the following notes :

Capsicum, as soon as he drinks he must go to stool, but passes only a little mucus.

Argentum-nitricum, water seems to run right through him.

Capsicum, drinking water causes chills with shuddering, tenesmus, and purging, the stools being thin.

Arsenicum, Argentum-nitricum, Cina, Croton-tiglium, and Podophyllum have diarrhœa after drinking water.

Under Arsenicum we find diarrhœa of thin, dark-brown or greenish mucous stools smelling like old putrid pus.

After stool the colic of Arsenic ceases.

Arsenicum has restlessness and pain in the bowels, followed by a discharge from the rectum of a black fluid which burns like fire as it passes through the anus.

Arsenicum has discharge of prostatic fluid during passage of loose stool.

These stool symptoms of Arsenicum naturally suggest a great number of comparisons with other remedies. These comparisons are so numerous one would hardly know where to stop. It would in effect be equivalent to writing a treatise on diarrhœa. But this has already been done by Dr. James B. Bell, of Boston. His masterpiece could not be equalled, much less excelled, and so no attempt in that direction will be made in these pages. We can only advise any reader who from any cause may not have provided himself with a copy of this monograph to do so without delay.

Moreover, the whole intent of these comments, as was stated at the beginning, is simply to give to the profession some dim idea of the nature of the lectures upon materia medica delivered by the late Dr. Adolph Lippe when he was at the zenith of his success as a homœopathic prescriber. Consequently

the notes have been confined to his statements, the occasional additions of the editor being clearly stated to avoid misapprehension as to their authority.

PARACELSUS AND HAHNEMANN.

B. FINCKE, M. D., BROOKLYN, N. Y.*

In the works of Paracelsus (Genevæ De Tournes 1658 folio, Tractatus II de Astronomia, the following remarkable statement is found : “ *In bursa pastoria virtus inest sistendi sanguinem dysenteriae et menstrui. Jam vero eidem virtus quoque inest, fluxum ventris concitandi, et sanguinem non consistendi, sed sapius etiam promovendi. Et sic res aliae quoque sunt, quae purgant, et saepe restringunt aut quae restringunt et tamen purgant, adeoque hoc modo adversa et contraria apparent. Hujus quae causa? Solius coeli, quod in homine taliter existit, in hoc tale, in alio aliud, quod hunc ita inclinât aliud, aliter, adesque in diversis diversimode medicinam perficit. Nam in deductione coeli, prout eas concordare facit ac conjungit, operationes ac virtutes Medicinæ universae positæ sunt. Si probe non concedant, propositum tuum non succedet.*” This, rendered in English, reads as follows : “In Bursa-pastoria resides the virtue of staying the blood in dysentery and menstruation. However, there also resides in it the virtue of exciting the abdominal flux and of not staying the blood but often also promoting it. And thus there are also other things which purge and often constipate, or which constipate, and yet purge, therefore in this manner appear to be adverse and contrary. What is the reason of this? Only the heaven which in one man exists in this wise, in another in that wise, in another otherwise, and therefore in different individuals perfects the medicine in a different manner. For by deduction from the heaven, according as it makes them concordant and combines them, the operations and virtues of the universal Medicine are determined. If they do not well agree, thy intention will not succeed.”

* Read before the International Hahnemannian Association, 1895.

This curious passage from Paracelsus exonerates Hahnemann at once from the imputation of having reproduced his Homœopathy from the writings of this wonderful doctor and savant of the Middle Ages. It has become the fashion this late day to cast this blot of plagiarism upon his fair name, even by some who claim to be homœopaths and Hahnemannians, which is unjust and ought to be refuted.

Paracelsus wonders at the fact that Bursa-pastoris stops and promoted bleeding, and that other medicines also present this contrariety of action in other affections, and naturally asks the reason why. But he can give no other reason than that the heaven (*coelum*) exists in the organisms receiving the medicine in this wise or otherwise, and adds the warning, if the ordination of heaven in the sick do not conjoin and combine them—by which the virtues of the universal Medicine are determined—*i. e.*, if they do not agree, *thy* intention of healing will come to naught. If there is any sense in that conclusion which seems to be as obscure as so many other things in the Middle Ages, it is the assumption of a universal Medicine which acts differently in different persons according as the heaven exists in this or the opposite manner. It seems Paracelsus places the action of medicine in the organism whilst the universal Medicine is an obscure power which has the obscure action to react upon it according as the heaven in one or another man exists. There is an obscure presentment in the idea when he uses the word "*concedant*" or "agree," because it points to what Hahnemann two and one-half centuries later brought to light by his discovery of the curativeness of the similars.

Now Paracelsus has, according to the high authority, Rademacher (*Rechtfertigung, etc.*, I, p. 87), rejected the old sentence, *contraria contrariis*—very plainly, because he could not explain why the contrarious action in medicines occurs. Rademacher continues (*l. c.*), "that however he should have put in its place the sentence equals are cured by equals, has indeed been maintained even in our days, but is entirely untrue." It must be remarked that in Paracelsus' time the German "*gleich*" (English, equal like), was in Latin "*similis*" but not "*equalis*," nor

“*par*,” and therefore, as he has not explained the contrarious action of medicines by the “*similia*,” he could not be considered the originator of Hahnemann’s *Similia Similibus Curantur*.

Paracelsus evidently was not aware of the reason why he rejected the old sentence of Galen *contraria contrariis*; he did it probably on empirical grounds, for in his *Tractatus Taragrani* he wrote: “*Contraria contrariis*—i. e., not drives away cold, etc. This is false, and has never been true in medicine, but it is so: Arcanum and disease, these are the *contraria*. Arcanum is the health, and the disease is adverse to the health; these two are the adverse ones which drive each other away.” The real reason, however, depends upon a logical fault which has not been pointed out and cleared up until within a few years. There is a logical and a dynamical contrariety. The confusion of mingling the two concepts is the cause why the action of medicines has been so little understood. It is said: Opium makes sleepy, Opium makes wakeful. Clearly, this is a contrariety, but only a logical one depending upon an induction from a number of facts observed on many different individuals. It makes sleepy in this individual and wakeful in that. Or Bursa-pastoris stops the bleeding in one and promotes it in another. Or it purges in one and constipates in another, etc.

These are all logical contrarieties of action of these medicines. But here is a person whom you want to put to sleep, so you give Opium, which has the property of making sleepy, and if the medicine and the organism agree, as Paracelsus has it, the person will sleep. But if the person after Opium will not sleep, but be wide-awake, even more so than before, your intention, as Paracelsus predicts, will be frustrated, because the heaven existing in that person does not agree with the medicine as it perfects it in a different manner. Paracelsus stands by looking at the curious fact, but cannot explain it. Now here Hahnemann steps in and says: “The person in want of sleep is excited and does not need the medicine which has the contrary action of producing sleep, but a medicine, which under the concurrence of the other symptoms, has the property of keeping wide-awake. For this medicine which is contrary only in a

logical sense, is not the medicine which is here needed, viz. : which is contrary to the given case on the dynamical sense. That only is contrary and will heal according to the necessary equality of action and reaction, which is similar to the present state of disease to be turned into its contrary health. In one word, it is only the *simile-contrarium* which will do the business of healing, for if the *contrarium* is no *simile*, it will not be contrary to the state of the organism, and fail to meet the symptoms to be equalized and turned into symptoms of health.

Hence the reason why Paracelsus has been answered by Hahnemann, and it redounds to his eternal glory.

WHERE HOMŒOPATHY FAILED.*

A. McNEIL, M. D., SAN FRANCISCO, CAL.

After accepting the very flattering invitation of your energetic and enthusiastic Secretary to write a paper for your society I thought of a subject, and I concluded to choose the above.

It is not a new one, for I venture the assertion that every one who advocates Homœopathy according to Hahnemann has often heard the question thrown at him as being the end of all argument : "What do you do when Homœopathy fails?"

I beg your indulgence in recalling some of my personal experiences where it did fail :

I. I was called to see a plethoric German woman passing through the climacteric, who was suffering excruciatingly from colic. I gave two remedies, first one then the other, without success. It was very difficult to obtain an accurate description of her case. Homœopathy (?) had failed.

II. A case of gall-stone colic, first attack. It is unnecessary to give symptoms showing that it was the passage of a biliary calculus or the guiding symptoms. She was very deaf, which made it even more difficult than in the last case to get the totality. Here was another failure.

* This article needs to be carefully read to the end before laying the number down, else the reader will fail to understand it.—EDITOR.

III. A horse, fine looking, the pick of the stable, had passed through the epizootic, leaving him stiff. It was only with difficulty that he could be backed out of his stall.

After a little exercise he limbered up, so as to travel quite well. I gave him a dozen powders of three grains each made by pouring *Rhus-tox.*, mother tincture, on sugar of milk till it was fully saturated, and then trituating until dry. A week or more passed and no change. Still another failure!

IV. I treated a baby in arms for remittent fever, which changed into an intermittent, perhaps because of my treatment—perhaps not. Two or three weeks passed. Still no better, although I had given different medicines, all in the 30th or 200th.

V. This case, intermittent fever in the fall of the year in Michigan, in the beginning of new practice. A woman of culture who had long been under homœopathic treatment. But yet I failed to even suppress the paroxysms, although I gave Quinine, 15 grains, between paroxysms. Cold weather coming on arrested the disease.

VI. I recently treated a vigorous baby a year old. He had asthma of Millar or larynismus stridulus setting in after convulsions. He had red cheeks with bluish white about the mouth, ground his teeth in his sleep, picked and bored his nose. Cina, from the 40th up to the very top, did no good. But the symptoms changed, so that his mother was afraid of letting him sleep, for as soon as he did a paroxysm of suffocation came on that seemed as if it would end fatally. Of course, I gave *Lachesis*, and in different potencies from the 200th up, and yet the baby was getting worse and worse, blood becoming carbonized, etc., in short, a miserable failure!

VII. A woman of about thirty years called on me with chronic cough, emaciation, etc. She had been examined by a homœopath whose name many of you would recognize, who said that she had consumption and that she would not live three months.

VIII. I was poisoned with poison oak, which is very frequent in the hills of California. It was the first case of the kind I had had in the State. I took, according to the practice of

most of the homœopaths of this coast, *Rhus-tox.* high, waited twenty-four hours or more. No better. In the East I had always been successful with *Graphites*^{cc}, as prescribed by that fine prescriber, John C. Morgan. It did no good. Next *Sepia*, as recommended by that prince among homœopaths, the lamented Carroll Dunham. Same result. I then took *Anacardium*, which is recommended as being specific for cases with certain symptoms by Hering. But still a miserable failure, although I had followed the advice of so many eminent men.

IX. I was called to consult with a homœopathic physician in a case of diphtheria in a two-year-old child.

After entering the room I looked for the attending physician, and not seeing him I inquired and was told that he had gone away, saying, the patient could not live twelve hours. Nevertheless, I was asked to examine the case. The pseudo-membrane was not only in the throat, but the nostrils were full so that it could be seen, and the poor baby was struggling for breath. Had passed urine only once in twenty-four hours. Had eight convulsions, and all this, notwithstanding three homœopathic remedies, one of which I recognized as *Mercurius-bin-iod.* by its color and two others *smelling* strong. And yet with all this Homœopathy had failed!

X. The first five years of my practice croup was to me a terror; speaking from memory, half my patients died. I read on all the croup remedies, new or old, and gave them in the 30th and 200th, and the destroyer still defied all my efforts. My preceptor, on the other hand, had given tinctures only, and with about the same result. Failure! failure!

Let us see the sequel so that we may find what should be done when Homœopathy fails.

In case I, that of colic, after Homœopathy failed, I sat watching the patient, and when she groaned out: "What shall I do if those cramps come back?" I inquired, what cramp? She replied that she had had frequent attacks like the present, and that there was a liability to cramps in the calves of the legs which were even worse than those in the abdomen which had still continued. I immediately gave a powder of *Cuprum*³⁰.

In a minute she began to talk freely, and she assured me that when that powder was in her throat the pain abated. In five minutes she was free from pain, and, without taking more medicine, continued so for years.

Case II. In this case of gall-stone colic, my patient remarked : " Doctor, how strange it is that every time the pain comes my fingers tingle," and she held out her hands, opening and shutting them. Without further questions I gave her *Secale-cor.*²⁰⁰. In two or three minutes an amelioration was perceptible, which was manifested by the paroxysms becoming shorter and less intense and in an hour she was free from pain. I know the answer will be made, " Oh ! yes, the calculus was just ready to pass the duct and to drop into the duodenum." Yes, my doubting Thomas, if that were the case the pain would have ceased instantly and not returned.

But you say there can be no relief as long as the stone is in the narrow tube. You forget, I answer, that it is not the passage through the duct that is painful, but the morbid spasm which occurs in it, and when that is cured the passage may be painless.

III. On careful consideration of the rheumatic condition of the horse I saw, clearly, that *Rhus-tox.* was the remedy, and because the tincture had failed was no evidence even in a horse that the choice of remedy was wrong, but that more probably the fault was in not giving a potency, so I poured out on his tongue a few pellets of *Rhus*³⁰. In a week or so I inquired about my patient, and learned that he had resumed his former position, viz. : the best horse in the stable, perfectly sound.

IV. On a re-examination of the baby with the intermittent I learned that he had a strong desire to be carried into the open air and that when there he was perfectly contented. Of course, I gave *Pulsatilla*³⁰ and the fever disappeared as if by magic.

V. This is the case of intermittent to which I administered Quinine, 15 grains, between paroxysms without even lessening them. During the winter I prescribed Graphites for an eruption which afflicted her. In the meantime I had sent off and obtained Graphites⁴⁰⁰⁰ for the herpes. Early in the spring I re-

ceived an urgent request to call on her. I found her in a chill; she was in despair, and I confess that I soon was in much the same frame of mind, for my only resource, Quinine, had failed. I examined her as well as I could, and taking her eczema into consideration, and as there was no use in returning to Quinine, I gave her Graphites⁴⁰⁰, and to my astonishment and gratification obtained a fine cure—the first homœopathic cure I made of an intermittent.

Perhaps some of you object to my classifying this case as having homœopathic treatment the first time. I now fully agree with you, but then thought it was, and I fear some men who attach M. D. to their names (authorized to do so by homœopathic colleges) still call such treatment homœopathic.

VI. On studying up my case of Millar's asthma once again, I found the following symptoms, which exactly fitted my case: In Hering's *Guiding Symptoms*, under Hydrocyanic-acid, "Pale bluish face, looks old, pale bluish lips." These symptoms were present in the absence of the paroxysms, and "violent attacks of suffocation, spasmodic cough." At this time the paroxysms were frequent and so violent that death was imminent in each of them. I gave Hydrocyanic-acid³⁰. Soon the attacks became less frequent, shorter, and less violent. This progress continued, and was clearly the result of the remedy administered.

VII. In this case of consumption, after a careful questioning, I began with Hepar-sulph.³⁰ and went higher. One of the symptoms which guided me was "sensation of a splinter in the throat." Improvement followed immediately, and during the eight years that I had any knowledge of her she remained in fair health.

VIII. Now comes my own case. After I had taken the remedies for my Rhus poisoning I saw that something must be done, as my distress was unendurable. I did then what I ought to have done in the beginning. I carefully studied my symptoms. They were: Intense itching, ameliorated by scratching, so that after rubbing the eruption with a great deal of force with a rough towel I would have a short cessation of the

distress ; aggravated by cold water so that to wash my hands was something to be dreaded, for by this time the eruption had extended to them. Warmth also aggravated the itching, and I had become extremely irritable. I then worked out my case by Boëninghausen's *Pocket-Book*. I found that Sulphur led all the other remedies. This I accordingly took in a high potency immediately after the worst attack of itching I had had. There was no itching worth speaking of after, and I made a rapid and satisfactory recovery.

If you wish to cure your patients you cannot do without Boëninghausen, no other work is comparable with it. And to use it with accuracy and celerity, Yingling's *Checking Lists* are indispensable.

IX. In this case of diphtheria I examined the little patient, and on expressing the opinion that there was a ray of hope, I was asked to take the case. In addition to the symptoms mentioned there were little abraded spots on the face, which the child constantly picked. I gave *Arum-tryph.*³⁰, and my patient fully recovered in a short time.

X. After a period of five years of ill-success in the treatment of croup, I realized that Hahnemann's teaching was true, that as far as therapeutics are concerned that the name of the disease is of no value ; or, in other words, the totality of the symptoms is the only guide in the selection of the remedy.

Twenty-two years have now elapsed, and in *all of that time I have not lost a case of croup* of my own patients. I lost one as attending physician after having been given up by another, and one in which I was called in consultation after the case was far gone, and that without changing the potency.

I intended to say before that I have made no distinction between membranous and spasmodic croup, either in the beginning of my practice or later. I suppose, however, that all the true croup did not get into the first of my practice, or all the false in the latter.

I suppose you have come to the conclusion that it was not Homœopathy that failed, but the homœopathist, at least that is the conclusion I reached.

But I apprehend that some of you would like to ask, "Don't you ever fail?" Oh! yes, often. But as I have shown you in my treatment of croup I did not fail so often after learning that the name of the disease had nothing to do with the treatment, and as I have studied more and learned my *materia medica* better, and, as more particularly, I learned how to examine patients, and that, as Hahnemann shows, is the principal thing, I do not fail so often, and since I learned to use Boenninghausen in my difficult cases, I fail still less often.

But if you still persist in asking, *When Homœopathy fails*, what is to be done? What would you think of a hunter who was proudly boasting of the rapidity of fire and the precision of aim of his Winchester, who had carefully concealed about his person a bow and arrow to use when *his repeater failed*? And yet men stand up in homœopathic societies and boast of the superiority of Homœopathy, and have a hypodermic carefully concealed in their vest-pockets, close to their hearts.

This is done in Northern societies. I don't suppose it has ever been done in the South!

Good-bye! till we meet again.

BELLIS-PERENNIS.

EDITOR HOMŒOPATHIC PHYSICIAN:

On page 473, October number of your journal, appears an article by Edmund Carleton, M. D., entitled "Accidental Provings of *Bellis-Perennis*." A perusal of this article leaves scarcely a doubt, that the plant in question, the common daisy, is not *Bellis-perennis* L., the common daisy of Europe, but *Chrysanthemum leucanthemum* L., our common daisy. *Bellis-perennis* is a low, herbaceous plant which, to the best of my knowledge, has not as yet found a permanent, if an occasional, resting-place on our shores. Both species are members of the same family, *Compositæ*, and are nearly related. While their pathogenetic effects, whatever they are, may be identical, strict observance of scientific nomenclature is a *sine qua non* in all reports of provings, whether by accident or intent.

HAZLETON, PA., Oct. 25th, 1895.

WM. G. DIETZ, M. D.

IN MEMORIAM—DR. MAHLON PRESTON.

In the death of Dr. Mahlon Preston, of Norristown, Pennsylvania, Homœopathy has lost one of its staunchest friends and closest followers. True to Homœopathy under all its conditions, his sole idea in life was to follow out its strictest principles, and demonstrate its incontestable truth by its careful, patient, and faithful application to the alleviation and cure of the sick.

Throughout his life he was a student. With strong scientific instincts, his attention at the beginning of his career was specially directed to the study of botany, which later he made subservient to his one great object, the curing of the sick.

Perseverance until the final accomplishment of his object was his distinguishing characteristic. This is well shown in an incident related of him by his brother, when at the age of fourteen years. He had resolved to build a working model of a steam engine, though he had scarcely any tools and no materials. He collected together all manner of odds and ends of brass and iron that he happened to meet with, and then out of these unpromising scraps he proceeded to build his engine. Failure after failure attended his attempts. The most desperate efforts of his boyish strength failed to conquer the stubborn metal, yet he never abandoned his project. Month after month he toiled on with varying progress, but with great expenditure of nervous energy and muscular strength, and often with the exhibition of tears. His parents' advice to give up his design went unheeded and he persisted, until at last success crowned his persevering labor, and when the steam was turned on the wheel revolved and his work was done.

The perseverance here exemplified inspired him later in life to the accomplishment of his great purpose to master the homœopathic therapeutics.

An examination of his library shows the presence there of every book issued in any way bearing upon homœopathic

materia medica. A closer inspection of the books themselves discovers them loaded with notes, cross references, and various distinguishing pencil marks, all in his own handwriting, and all designed to make more easy and certain the selection of the simillimum.

The Daily Herald of Norristown in its issue of Thursday, October 3d, says of him :

“ Dr. Mahlon Preston, a leading homœopathic physician of the county, died at his home on East Penn Street about one o'clock on Wednesday afternoon, October 2d, in the fifty-seventh year of his age. He was a pioneer in his school of medicine in this section of Montgomery County, coming to Norristown thirty-three years ago. His death was due to a complication of diseases, in which heart troubles were a prominent feature. He has been ailing nearly a year, but, until recently, was able to drive out occasionally.

“ Dr. Preston was born in East Caln, now Valley Township, Chester County, January 22d, 1839. He was a descendant of the well-known family of Friends of that name, his father being Isaac Coates Preston. His mother is still living at an advanced age, being by a singular coincidence a lineal descendant of another family of Prestons of Philadelphia, of which Samuel Preston, Mayor of Philadelphia in 1712, was a well-known member.

“ He studied medicine with Dr. J. Bayard Wood, of West Chester, and graduated at the Homœopathic College, now Hahnemann, Philadelphia, in March, 1861. He located for a short time, successively, at Meadville, Spring Centre, and Rome, New York. Then he came to Chester, Delaware County, Pennsylvania, as the assistant of his uncle, Dr. Coates Preston. Finally in August, 1862, he came to Norristown, taking an office on the present site of the Opera House. In 1867 he married Mary, daughter of Judge David Krause. Their children are three: Frederick, Catharine, and Emily Preston.

“ On the death of Judge Krause, in 1871, Dr. Preston purchased and removed to the stone cottage on Penn Street, adjoining the Court-house grounds, where the family have since

resided. The original building has been much improved, and a roomy office placed in front.

“Dr. Preston made his way as a physician in the face of deep-seated prejudice against what was then the new school of medicine, building up gradually a lucrative practice, which extended miles beyond the limits of Norristown. Several prominent and successful physicians studied the system under his instruction, most of whom enjoy lucrative incomes from their practice in adjoining counties.

“He was looked up to by the younger physicians of the homœopathic school as one of the oldest and most successful practitioners. In 1881 he attended the World’s Homœopathic Congress in London, as a delegate, and took a prominent part in its discussions.”

He was celebrated in the counties of Montgomery, Chester, Delaware, and Philadelphia for his strict adherence to the principles of Homœopathy; for his fine abilities as a practitioner of these principles, and for his devotion of himself to the one cause of conquering sickness by the application of the most similar remedy.

He founded The Medical Council, an association of physicians who meet to discuss the cases they are treating, and to secure advice from each other in the further treatment of them.

He had a very large practice, and was widely known for his cures of difficult cases. His devotion to his practice was absolute. He would neither drink nor smoke because he feared such habits would incapacitate him for his work. He constantly took regular exercise in his own gymnasium and long walks, the better to keep up his strength.

He was never a perfectly well man, and so was constantly threatened with a premature end. His last illness began in December, 1894, with shortness of breath and tension in the chest. After a number of remedies had been given with but little result, *Calcarea-carbonica* was prescribed with such success that he believed himself cured. The disease, a complicated one, returned, however, and for nine months a fearful struggle for life was kept up, in which his attending physicians were his

brother and the editor of this journal, aided by frequent consultations with Dr. Carleton Smith, of Philadelphia, Dr. J. W. Thomson, of New York, and Dr. Cleveland, of Philadelphia. Through all his sufferings he showed the utmost fortitude, patience, and gentleness, until death closed his career.

IN MEMORIAM—DR. MAHLON PRESTON.

MEETING OF THE HOMŒOPATHIC MEDICAL COUNCIL.

PHILADELPHIA, October 16th, 1895.

The Council was called to order by the President, Dr. Levi Hoopes.

Dr. W. A. D. Pierce, seconded by Dr. Jesse Thatcher, moved that the regular business be suspended, and the Council proceed to adopt resolutions on the death of Mahlon Preston, M. D., of Norristown, which resolution was adopted unanimously.

Dr. Pierce read letters of regret for absence from Drs. Walter M. James and Frederick Preston. Dr. Preston's letter also said, "I wish to thank you and other members of the Council who kindly showed their sympathy for my brother by visiting him," etc. * * * "In this connection it would be impossible to refrain from mentioning his attending physician, Dr. Walter M. James, whose earnestness and never-tiring zeal for his patient through his long illness of nearly a year, imperatively demand public recognition at a session of this Society.

"Myself, and my brother's family, desire that Dr. James and all our acquaintances should know that we consider his services and true kindness past all recompense.

"I personally believe that at one point the Doctor came very near to achieving success in a case which seemed absolutely hopeless from the first."

On motion of Dr. E. A. Krusen, seconded by Dr. Samuel Long, a committee of three was appointed to draft resolutions, etc., on account of the death of Dr. Mahlon Preston. Dr. E. A. Krusen, Dr. W. A. D. Pierce, and Dr. Samuel Long were the committee. The following are the resolutions as reported and accepted :

WHEREAS, It has pleased our Heavenly Father, in His all-wise Providence, to remove from our midst by death our beloved brother, Mahlon Preston, M. D., and,

WHEREAS, We know of the untiring zeal and regular attendance of his physicians, Drs. Walter M. James and Frederick Preston, during his long illness. Therefore be it

Resolved, That we deeply feel and sincerely regret the loss of him from our ranks. We humbly bow in submission to the will of Him who doeth all things well.

Resolved, That the Homœopathic Medical Council has lost a true and faithful member, his family a noble husband and father, and the community a valuable citizen.

Resolved, That we hereby extend our heartfelt sympathy to his bereaved wife and family in this, their great affliction.

Resolved, That the Homœopathic Medical Council, which was founded in the year 1881 by our esteemed friend, acknowledge his superior judgment and skill as a physician, and that the community in which he labored, will only in time appreciate their loss.

Resolved, That we commend the eminent services of our fellow-members, Drs. Walter M. James and Frederick Preston, during the long sickness of our departed brother.

Resolved, That a copy of these resolutions be sent to his family, that they be extended upon the minutes of this Council, and that copies be furnished for publication to THE HOMŒOPATHIC PHYSICIAN and *The Norristown Herald*.

Dr. Long addressed the meeting on the "Value of the Council." Said he would never voluntarily leave the society, he received benefits at every meeting from the proceedings, and that he hoped the society would be perpetuated as a memorial of its founder, Dr. Mahlon Preston, and that "the memory of our late friend, would help to hold us together."

Dr. Thatcher and others offered similar thoughts and the Council proceeded to regular business.

After presentation of a case for discussion by Dr. Levi Hoopes the Council adjourned, to meet again at the Bullitt Building, November 20th, 1895.

W. A. D. PIERCE, M. D., *Corresponding Secretary*.

IN MEMORIAM—DR. GREY A. T. LINCOLN.

At the September meeting of the Boenninghausen Club a committee was appointed to draft resolutions upon the death of Dr. Lincoln, as follows :

WHEREAS, God in His Providence has suddenly removed from our midst one of our members, Grey A. T. Lincoln, M.D., one whose familiar face and form we were wont to see at our meetings, and whose voice was often heard in discussing those question so dear to his heart as a follower of Hahnemann ; therefore,

Resolved, That in the death of our colleague, we have lost one who was a true friend, a kind son, and a faithful adherent to the teachings of Homœopathy.

Resolved, That a copy of these resolutions be printed in the forthcoming number of THE HOMŒOPATHIC PHYSICIAN and that a copy be sent also to the family of the deceased.

A. L. KENNEDY,
R. L. THORNTON,
W. P. DEFRIEZ,

Committee.

Dr. Lincoln died suddenly at his home at 769 Tremont Street, Boston, on the 29th day of July.

As a medical student he received a wound while dissecting, which troubled him somewhat, though not seriously at the time. He frequently said that he had "never been in robust health since." Latterly he complained of severe headaches from time to time. He prophesied that he should die suddenly of apoplexy, and thus it proved. He attended to his patients as usual the day before his death.

He was a firm believer in Homœopathy, and a conscientious practitioner of the principles promulgated by Hahnemann. We can ill afford to lose such men from our ranks.

A. L. K.

IN MEMORIAM—DR. EDWARD J. WHITNEY.

At a meeting of the staff of the Brooklyn Hahnemann Hospital, held Monday, October 7th, Dr. R. K. Valentine was elected President. Resolutions of sympathy were adopted on the death of Dr. Edward J. Whitney, the former President of the Board. The resolutions were offered in the regular form, as follows :

“Resolved, That we enter upon our minutes a note of our profound sense of the loss incurred in the death of our late President, Dr. E. J. Whitney. As a friend, as a physician, as an officer of our staff we shall miss and mourn him. The relationship we all had with Dr. Whitney was so intimate and so long continued, the affectionate regard in which we held him was so brotherly, we feel that formal resolutions of regret and condolence would but ill express the sense of our great personal loss and of our sympathy with his family and intimate friends; but desiring to testify our respect and love for him, we, the members of this staff, hereby constitute ourselves a committee to establish a Whitney memorial bed in the Hahnemann Hospital, endowing it in perpetuity as our monument to one whose death we feel was but a translation to a brighter and a better world.”

LITHÆMIA AND PSORA.

EDWARD CRANCH, PH. B., M. D., ERIE, PA.

(Abstract of a paper read before the County Society, October 2d, 1895.)

The President, Dr. Wilson, having requested a paper on Lithæmia, or some similar subject, one was prepared, comparing the requested subject with Psora, as Hahnemann knew it. Lithæmia was pronounced, on the strength of modern authorities, identical with latent gout, or the gouty diathesis, also called arthritism.

Foster's first definition of psora, viz., scabies, is only a mod-

ern limitation of a more general former meaning given by Foster, as, "any cutaneous disease, attended with abundant exudation, pustulation, and crusting," the name derived from *ψαυ*, to rub. Foster might have added the psora "of Hahnemann," and defined it as follows: An acquired or inherited non-venereal contagious diathesis, predisposing the organism to yield readily to all other causes of disease; its local sign, if any, being a vesicular eruption, with furious itching and an alleged specific odor. For its symptoms, when comparatively latent, see Hahnemann's work on *Chronic Diseases* (Vol. I, pp. 58 to 100, 2d ed., 1835). Hahnemann also used the ancient meaning of sycosis, from *σῦχος*, a fig, hence the figwart disease. Foster gives this meaning, but the modern meaning is more common, and different, viz., a scab of the beard, or barber's itch. Hahnemann uses miasm in the sense of diathesis, as when he speaks of the gigantic miasm of psora, asserting its derivation from the leprosy, although the quotations from the Old Testament which he offers (incorrectly copied in Hempel's translation) show as great distinction between leprosy and itch then as now. A brief account of his idea of psora is given in § 80 of *The Organon*, where, after speaking of syphilis and sycosis, he says: "Immeasurably greater and more important than both these known chronic miasms is that of psora. While the other two declare their specific inner disorders, one by the venereal chancre, the other by the cauliflower excrescences, psora, after it has completely poisoned the whole interior of the organism with its monstrous miasm, shows itself by means of a peculiar skin eruption, sometimes only in single pimples, with an intolerable tickling and voluptuous itching, having also a specific odor. This psora is the true fundamental cause and promoter of all the other, yes, countless forms of disease, which appear in pathology as distinct independent diseases, under the names of neurasthenia, hysteria, hypochondria, mania, epilepsy, rickets, caries, cancer, neoplasms, gout, hemorrhoids, pruritus ani, bleedings from stomach, nose, lungs, bladder and uterus, asthma, hemicrania, dropsy, paralysis, scrofula, consumption, chronic catarrh, etc., etc." (Hahnemann names many more, here and

in his *Chronic Diseases*, but these are enough to show the drift of his argument.)

It is known that Hahnemann was well acquainted with the itch mite, and at one time advocated its extinction by a wash of Hepar-sulphuris and Cream of Tartar.

This was in 1792. In 1805 he began publicly to reject the common practices of his day, in 1810 he published the first edition of his *Organon*, in 1811 he began his *Materia Medica Pura*, in 1816 he began a systematic study of chronic diseases, which he first published in 1828, inserting an allusion to it in a note to § 73 of the fourth edition of his *Organon*, being § 80 of the fifth, and quoted just above.

In the first volume of his *Chronic Diseases* (pp. 22–40, 2d ed.), he gives scores of quotations, all carefully annotated, from writers who observed ill effects following suppression of various skin diseases, and from these quotations he draws his great argument, in the following words (p. 41, *ibid.*): “Who now, after reflection upon these four examples, which are taken from the writings of older physicians, and augmented by my own experience, could well remain so foolish as to overlook that great evil, psora, concealed in the interior, whose signs are the itch-eruption, *and other forms*, scald-head, milk-crust, eczema, etc., and not see that where these local symptoms are outwardly soothed there remains an interior, uncured disease of the whole organism? Who, after reading only these few cases, would deny that psora is, as said above, the most pernicious of all chronic miasms? Who would be so bold as to maintain, with the modern allœopathic physicians, that the itch-eruption, scald-head, and eczema are only superficial skin affections, and can and must, without hesitation, be driven away, while the interior of the body takes no share in them, and so remains healthy? Truly, beyond all mischiefs which one can point out among the modern physicians of the other school, this is the most harmful, infamous, and inexcusable! He who will not, from such and countless other examples, see the contrary of that assertion, beguiles himself on purpose, and works intentionally for the destruction of mankind.”

Hering, in his preface to the *Chronic Diseases*, says: "Improvement in diseases takes place from within outward."

Now in modern writings, especially in the works of Henry M. Lyman, of Chicago, writing in Pepper's *Text-book*, and Stedman's *Twentieth Century Practice*, gout is demonstrated to be the underlying diathesis for a list of ailments nearly as long as Hahnemann's that *he* charges to psora. Lyman speaks of "the two great diatheses, gout and scrofula," and declares his inability always to distinguish them. It begins to look as if the old-school men were on the track of psora, but did not know what to call it.

Perhaps they will discover that beyond or within the chemical changes of lithæmia, lack of oxidation, etc., is a morphologic change in cells, inherited or acquired, a sort of *cyto-stenosis*, or cell-contraction, which, by hindering processes of elimination and repair, performs the part that Hahnemann ascribes to psora.

"And so the whirligig of time brings in its revenges."

Lyman and others assert the diathesis of gout to be permanent; Hahnemann was in hopes of curing psora, but, perhaps, it was a glimpse of its real permanence that led him to pen these lines in the fifth edition of his *Organon* (they are not in the fourth): "A human healing art for the normalizing of these countless abnormalities which are often induced by the allœopathic non-healing art does not and cannot exist." As a matter of fact, the very high potencies often go deeper than the 30th or 50th, which Hahnemann used. Hygiene and diet will, if judicious, bring comfort and safety to many a gouty or psoric family. Vaccination appears to be a potent factor in the spread of this diathesis. Tuberculosis, being contagious, is evidently a sort of a graft upon it, as are other infections, which are all worse and harder to treat in the gouty or psoric or cyto-stenotic subject.

In treatment allœopathy wavers between alkalies and acids, mineral waters, lithia, and gin. Colchicum it is afraid of, because it does not comprehend its homœopathic action.

Hahnemann, himself non-psoric, proved about fifty "anti-psoric" remedies that developed in him, for the time, symptoms resembling those of which he gives forty pages in *The Chronic Diseases*, due, he says, to latent psora, most of them found in lithæmia, or gout, also. The following are a few of those symptoms: "Frequent distentions of the abdomen; frequent asthma; hands cold, palms sweaty or burning; muscles easily strained; chilblains; night-sweats; cracking of joints; tired on waking; vertigo; gums bleed easily; lips swell, especially the upper one; dread of labor; irritability; despondency."

It is evident that the physician should be well acquainted with these symptoms of chronic disease, as given by Hahnemann, not so that he will fall into the routine of calling everything gout, or psora, or cytostenosis, and dosing from a ready-made list without study, but rather that he may be guided in the closer fitting of the case to the remedy.

He must bear in mind Hahnemann's three great warnings, first, not to suppose the doses recommended by him too small; second, not to use a remedy unless its symptoms correspond with those of the case in hand; and, third, not to let the remedy be changed or repeated before its action is exhausted.

We must have confidence in our remedies; we must find out what they can do, alone and uninterrupted, and not interfered with by repetition or alternation. A course of study in this direction, never giving any patient more than one dose of medicine, by itself, at the start, and bravely daring to wait on that remedy as long as it will act; such a course of study brings the best results, and a feeling of comfort and security to which the alternater and repeater and mixer will always be a stranger.

In the discussion which followed, cases of enlarged glands, of insanity, of convulsions and death were recalled as having followed the retrocession of various eruptions, but no evil effect had been noted from the killing of the itch mite in uncomplicated itch. Two cases were cited, in which the poisoned rash of *Rhus-toxicodendron* was communicated from one to another by contagion; once by a towel, once to a bed-fellow. One case was reported of peritonitis, where Aconite and Bryonia failed, when

attention was called to the urine, which was loaded with sand. Berberis tincture, one drop every hour, soon cured the patient.

The point was made that few homœopathic writers mention lithæmia; Hughes gives only *Lycopodium* and *Sepia*, for it, in his book; Lilienthal adds to these *Berberis* and *Cantharis*, and refers to many others by name only. Jahr also refers to *Pulsatilla*, *Cannabis-sativa*, and *Sarsaparilla*; Potter recommends Potassic-permanganate, Lithium salts, Buchu, *Colchicum*, and *Chimaphila*; also Hydrochloric and Lactic acids. Others recommend Causticum, Cinnabasis, *Natrum-muriaticum*, and *Calcareo-fluorica*.

In the close of the discussion much emphasis was laid upon the need of hygiene, especially in children; also upon the conclusion that inevitably follows from the study of Hahnemann that strict individualization is the prime necessity of all good practice.

Whatever theories Hahnemann may have advanced, the lesson of fitting the remedy to the individual was paramount to all.

THE INFLUENCE OF CLIMATE ON PULMONARY PHTHISIS.

W. H. PHILLIPS, M. D., THOMASVILLE, GA.

In so short a paper I do not care to take up the theory and diagnosis of pulmonary tuberculosis, the literature on those topics being extensive, and all are familiar with the important points.

Does climate have any effect on phthisis? Yes, if the patient is given the opportunity to avail himself of its benefits, and the disease has not developed beyond a stage where an arrest in its progress is impossible.

"Climate seems to exert an influence for or against the development of pulmonary phthisis. The prevalence of this disease is less in climates either uniformly warm and dry or uniformly cold and dry than in those which are moist and subject to frequent alternations of cold and warmth."

When are the best results obtainable from a change of climate

in phthisis? In the early stages, before cavities have developed. It is folly to send patients in the last stages of the disease away in the hope of bringing about a change in their condition; the fatigue of the journey and inconveniences that such patients are compelled to submit to in traveling are such that more harm results than would have been the case had the patient remained at home.

When there is evidence of pulmonary invasion, such as slight cough of a "hacking" character, and which may be of a single effort aggravated by change of posture or from deep breathing, usually unaccompanied by expectoration and heard infrequently during the twenty-four hours. As the cough increases, there is more or less expectoration of a mucous nature, following this there may be some febrile disturbance, and the cough becomes more frequent and pronounced; emaciation, loss of appetite, sweat, and a train of other symptoms.

Don't wait until the bacillus is present in the expectoration, but after a careful examination of the patient inform him of his condition and the results to be obtained, that a cure is possible by residing in a locality suited to his or her case, at least a portion of the year, allowing patient to come North during the hot summer months. Experience proves that a majority of these cases do better in a region lying between a cold and warm climate, having favorable elements aside from temperature. The chief points are that it is not liable to either extreme of temperature; that there is not danger of exposure to cold winds, and that it is not liable to a continuance of unfavorable weather. There should be an agreeable temperature, dryness of atmosphere and a healthy soil well adapted to dryness.

Of the many places recommended perhaps southwestern Georgia offers more advantages than others. That portion of the State has a sufficient elevation to give a good natural drainage; is located well inland, thus being free from sudden changes or fogs which prevail on the coast during the winter months; is surrounded by thick pine forests, which must be considered of value.

Thomasville, of all other places, has received more patronage

from the profession because of its climate, location, and accommodations.

It has a remarkably equable temperature and dry atmosphere. During the winter months the daily range is from 40 to 70 degrees, with cool nights, and periods of from twenty to twenty-five days without rain.

There is a sandy, porous soil, dampness rapidly disappearing, in fact, after a heavy rain, water is seldom seen standing in pools. The days are bright and sunshiny, with balmy breezes from the south (the prevailing winds are from that direction), so that the most delicate of invalids can practically live out-of-doors.

There are a number of parks in the pines where patients may walk, drive, or rest, and enjoy the sun and soft breezes, filled with the odor of the pine tree.

Perhaps the best natural roads in the South are to be found here; they are smooth, without stone or pebble, inviting riding, driving, and bicycling, through the groves of pine.

There is a beautiful boulevard fourteen miles in length, which completely encircles the city at about two miles' distance.

A gentleman who has traveled extensively, on being asked his opinion of the roads said: They are the best natural roads he ever saw, and as an evidence of how much he appreciated the privilege of driving through the pines I give the following memoranda made by him.

1889. Stayed 107 days, minus 15 Sundays, leaves 92 driving days; drove 86 days.

1891. Stayed 73 days, minus 10 Sundays, leaves 63 driving days; drove 54 days.

1892. Stayed 80 days, minus 11 Sundays, leaves 69 driving days; drove 59 days.

1893. Stayed 91 days, minus 13 Sundays, leaves 78 days, and spent three days in Florida; out of the 75 remaining days, drove and rode bicycle 68 days.

The drives average fourteen miles and bicycle rides twenty miles. The same gentleman has spent five winters in Florida, two in California, one in Mexico, one in Cuba, one along the

Riviera, in Algiers, and four seasons in Thomasville. He also said: "I do not hesitate to say that Thomasville in many respects is the most delightful winter place I have ever visited. The drives, the superb hotels, the balmy air, the hospitality of its citizens make it one of the most charming resorts."

CASES CURED.

BY DR. HESSE, HAMBURG.

[From die Allg. Hom. Zeitung. Translated by A. M. McNeil, M. D., San Francisco, Cal.]

Mr. W., twenty-six years old, has suffered for thirteen weeks from oppression of the stomach which *was caused by violent anger*. Better when walking, and inclined to be better rather than worse after eating; *vertigo when walking in the open air, appetite bad. Physical restlessness.*

September 7th, 1892.—Sepia³⁰, to be given for three evenings.

September 10th.—Better after each powder. Appetite good, vertigo and restlessness improved. He did not consider it necessary to continue further treatment.

I have very frequently found that in chronic gastric affections after anger Sepia indicated; after cold food, Lycopodium.

L., a man of middle age, consulted me on account of a peculiar nervous vertigo, which is worse when he has time to think about it. *Aggravation when standing long*; in the heat of summer amelioration when busy, particularly in the open air. He feels as if drunk, aggravation morning and evening, easily oppressed in a room, he cannot endure sitting long.

He formerly had asthma, aggravated in the east wind.

April 4th, 1892.—Sepia³⁰, a dose every third evening.

April 27th.—His condition so much improved that he inquired whether it was necessary to continue treatment.

With Sepia often slight hints must suffice in selecting the remedy, as the restlessness when sitting, oppression in a room, and aggravation during idleness. So also in the following case:

A young lady, now about twenty years old, has had caries of both ankles since she was four. Five years ago she came under

my care, when she had been confined to a wheel-chair for eleven years.

Both feet had lost their original shape, and were deformed lumps with eight or ten openings out of which more or less pus discharged.

Her general condition had always been good, and neither from her present or past state could I obtain anything in which to select a remedy. I had to grope about among the antipsorics, always a disagreeable thing to do, and thus for the first three years of my treatment I obtained no improvement. In the spring regularly there appeared new swelling and new openings, while the old fistules continued.

The incidental remark of my patient that she was very apt to become too warm in the room (even when it was not uncomfortable for others) caused me to give her *Sepia*. Since then her feet improved. For two years she has taken the 30th and 200th in weekly doses. No new fistulas appeared, but her feet lessened in size gradually so as to look more like those of a human being. At present there is only one fistula on each foot with but little discharge. She wears quite presentable shoes, which must occasionally be changed on account of her feet becoming thinner. She can stand on them, and is increasing in her ability to walk. The wheeled-chair has been discarded, although she had used it almost fifteen years. She goes by the aid of one or two canes, with a well-grounded hope of dispensing with them. In brief, she is in a condition that neither she nor her parents ever expected her to reach. The favorable change must be ascribed to *Sepia*.

In caries of the bones Bœnninghausen gives to *Sepia* an important position.

Emil E., æt. seven, has had a cough for several weeks, which, for the last eight days, has shown the characteristics of genuine whooping cough. Frequent spasmodic attacks of cough, always with vomiting of food and preceded by pains in chest. He had, besides, *soreness* of the nose, and always lay naked.

July 4th, 1892.—Sulphur³⁰, three powders, one each evening.

July 11th considerable improvement. Paroxysms seldom

and slight, without vomiting. He now has a crusty eruption on the right cheek, which occurs every three months.

I gave him Placebos, and his mother did not think further treatment necessary. I afterward learned that his cough soon disappeared entirely. There was nothing characteristic in the cough, and the constant lying naked and the sore nose decided my choice for Sulphur.

Sulphur has soreness of nose; ulcerations in the nose and chronic coryza all in the first rank, but many other remedies have also. More important is the constant lying bare; in children this is a strong indication for Sulphur. I never neglect in children to inquire for this symptom. However, we must ascertain that it occurs in winter, in a cold room. This is the intolerance of the warmth of the bed of Sulphur. Children can tolerate no bed-covering; always have their legs out however often they may be covered. If the bed-clothes are so fastened that they cannot get their legs out their sleep is not so sound. Many times we find that after Sulphur is given they will keep covered.

In adults we find an analagous symptom, viz.: burning of soles of feet or of the feet at night in bed, so that he must have them out of the bed-covers.

(My experience is that these symptoms of Sulphur are the most important belonging to this drug, so that I seldom or never cure with it unless these symptoms are present.—McN.)

THE ORGANON AND MATERIA MEDICA CLUB OF THE BAY CITIES OF CALIFORNIA.

The regular semi-monthly meeting was held at the office of Dr. W. E. Ledyard, 223 Post Street, San Francisco, July 5th, 1895.

Members present were: Drs. J. M. Selfridge, G. J. Auger, E. W. Bradley, A. McNeil, George H. Martin, M. T. Wilson, and C. M. Selfridge.

The meeting was called to order at 8.15 P. M. by the President, Dr. J. M. Selfridge. The minutes of the previous meeting

were read and after a slight correction by Dr. McNeil were approved.

Dr. J. M. Selfridge then said—I would like to relate a case which came to me some time ago from Berkeley, as I think it may be of benefit to any who may hear it. A woman who had dark-red eruption on the face, with pustules here and there, which troubled her a great deal; in fact, more than any other symptom she had. From her history and general condition I deemed it advisable to make a vaginal examination, which I did, and found the womb large and tender, with a protuberance on the left side, which I diagnosed as a fibroid. There were also what I supposed to be adhesions, as I could not move the uterus at all, not even from side to side. The patient had a tubercular tendency, quite a number of her family having died of consumption. I gave her one dose of *Tuberculinum*^{cm}, and repeated the dose in the same potency in two weeks. Then in three weeks or a month I gave her Swan's dmm potency. She has taken one or two doses since then. I saw her last Sunday. As she was going away for a few weeks, I said that I would like to make another examination. The first examination had been very painful, and I did not like to examine again, but thought I ought to do it. To my surprise I found that the entire protuberance had disappeared, and also the adhesions, and I could move the uterus easily, though it was about the size of a three-and-a-half months' pregnancy. Hot water douches and the *Tuberculinum* were the only remedies used.

Dr. McNeil—You felt the fibroid clearly?

Dr. J. M. Selfridge—A protuberance was on the side of the uterus, and I thought it a fibroid.

Dr. McNeil—You were sure of the adhesions?

Dr. J. M. Selfridge—There is no doubt about it. I have never supposed that adhesions could be removed by remedies, but now I feel that they can be.

Dr. McNeil then said—I wish to state a point in regard to psora being the cause of post-scarlatinal dropsy, so as not to be misunderstood as to what I said concerning this at a previous meeting. I believe that psora is the *predisposing* cause of

post-scarlatinal dropsy, and that cold may be the *exciting* cause.

The President then appointed Dr. McNeil reader of the evening, who read from *The Organon* sections 205 and 206.

DISCUSSIONS.

Dr. McNeil—I wish to give an illustration of this psoric theory. In nearly every case of a boy coming to you with white swelling or hip-joint disease, the parents will tell you that he had a fall some time or other. It is only while the psora is aroused that the injury will cause these conditions. The injury is the *exciting* cause; psora the *predisposing*. In regard to syphilis, there is one sign of suppressed syphilis given by Hahnemann and Zeissl that no other author speaks of, and which is often of great value. A man comes to you and wants to know if he has syphilis; perhaps a little sore appears and heals, but the patient still wonders if he is tainted with syphilis. The point brought out by Hahnemann and Zeissl is this: If the scar of the primary disease is as white as a normal scar would be, there is no syphilis. It will be *blue* if there is syphilis present.

Dr. C. M. Selfridge—Would this include the secondary lesions?

Dr. McNeil—It would also cover a bubo scar. I have several times relieved a man by telling him this, and I think it well to remember.

Dr. Wilson—Is it not possible for a man to have these symptoms without knowing that he has syphilis, having acquired it by heredity?

Dr. McNeil—When you ask this question you speak of the past.

Dr. Wilson—I know that; but I mean, could not all these symptoms be hereditary?

Dr. McNeil—You mean congenital. In such a case you would find the "Hutchinson's teeth." This is the surest guide. By all syphilographers it is given as the main guide.

Dr. C. M. Selfridge—My brother and I had a case of a child with symptoms of inherited syphilis. The notched teeth were

present. We knew the grandfather of the child, and knew that he had been wild, and was apt to have syphilis. He was the one who gave it to the child.

Dr. McNeil—Did other symptoms of syphilis develop besides the notched teeth?

Dr. C. M. Selfridge—Yes, several symptoms.

Dr. Wilson—I have frequently found the kind of patients I have just described; patients who were perfectly honest in giving their history, and who had all the symptoms of syphilis, and yet never acquired it through any indiscretion of their own.

Dr. McNeil—Oh! yes; that might be so.

Section 207 was then read.

DISCUSSIONS.

Dr. McNeil—Recently a point has been brought up by Professor Sawyer as regards allopathic drugging. Say Quinine, Mercury, etc., have been given to excess, he gives a high potency as an antidote. Bœnninghausen lays down this fact also, but he was in favor of repeating the dose when desiring to get the antidotal effects. He would ask the patient to succuss it once or twice, he having prepared it in solution, so I would imagine that he gave it once a day. I had a case of lead poisoning in which I found the lead mark on the gums in an old gentleman. *Plumbum*²⁰⁰ cured.

Dr. C. M. Selfridge—A case of mine in which an allopathic doctor gave Calomel soon after confinement. The woman's baby was six months old when I saw her. Since the Calomel was taken she had suffered with constipation. I gave her *Mercurius-solubilis*²⁰⁰ three hours apart, for two or three weeks, and she was cured. I never gave her anything else.

Dr. McNeil—You traced the constipation to the Calomel?

Dr. C. M. Selfridge—Yes; for she never had been troubled with it before taking the Calomel.

Dr. McNeil—It is rational and in accordance with the principles of Homœopathy to use drugs in this way, and it is well to keep these facts in mind. Hahnemann speaks of the use of *Digitalis* in heart troubles, and how difficult it is to make a cure

when *Digitalis* has been used. There is usually no hope for such cases. In a recent discussion in Boston Dr. William Wesselhœft stated that he had never seen a case of this kind recover, and that he never takes such a case.

Section 208 was then read.

DISCUSSIONS.

Dr. Martin—This section is very important, though it may not appear so in simply reading it. The mental symptoms in any disease are of great importance. If the physician knew the mental symptoms better he could prescribe more accurately. For instance, in constipation, there is a peculiar mental condition present in any person suffering from constipation; they think they must have a movement every day, which is a mental condition which again affects the system, and, in turn, produces more constipation. Allopaths have success because they give remedies to act at once, as a cathartic. Thus the mental symptoms are relieved, and the patient thinks it is wonderful. We sometimes give remedies which relieve constipation in a very short time, and thus the patient's confidence is gained at once, their mental condition is improved, and we effect a cure. If we prescribe simply for the mental symptoms in a case we will be more apt to cure than in any other way.

Dr. Bradley—The question arises with me, is it absolutely necessary to relieve the patient's mind in order to cure? I have always thought that if I gave the right remedy, it would cure in spite of the mental state whether they believe in us or not. When a patient tells me that he hasn't much confidence in homœopathic remedies, I usually tell him that I do not care whether he has or not, that all I want is that he will take my medicines.

Dr. Wilson—Your positive action would bring about the good effect.

Dr. McNeil—I stand by Dr. Bradley. If I can get them to take the medicine, I will take my chances as to cure, and I think they will get better.

Dr. Martin—I think the gentlemen misunderstood me. I

meant if the physician would prescribe for the mental symptoms it would be better. You do not necessarily have to have the faith of your patient in order to perform a cure. I have a case; my own horse suffering from a parasitic skin disease, a sort of mange, for which I prescribed Sulphur. I did not have the faith of my patient in that case, but nevertheless he is getting well. The stable men had been putting on vaseline and other local applications which were rapidly making the case worse. I stopped all these things and depended upon my remedy, with the good result mentioned.

Dr. McNeil—I am happy to agree with Dr. Martin's work. Hahnemann speaks of the mental symptoms being the main ones to prescribe for.

Sections 209–212 were next read.

DISCUSSIONS.

Dr. McNeil—A very practical illustration is in our treatment of infants. We are all in the same boat and have felt our weakness in the presence of sick infants. At first sight it seems almost impossible to prescribe for them. Guernsey's *Obstetrics and Diseases of Women and Children* and the last chapters of Hering's *Diseases of the Mind* are two splendid books and they will help us to cure almost every case in infancy. We should learn to study carefully the actions of the babies, as every little sign means something, and there are remedies to meet these various conditions. For instance, the baby wakes cross; raises the very "old Ned" every time he wakes. *Kali-carbonica* and *Lycopodium* are the only remedies for this condition. My own boy put his hands up and says: "Papa is looking at me" or "the girl is looking at me," and there is only one remedy for this and it is *Cina*. Carrying. The child wants to be carried. *Chamomilla* is only one of the drugs for this condition.

Dr. C. M. Selfridge—*Tartar-emetica* is another.

Dr. McNeil—*Pulsatilla* wants to be carried, but must be carried slowly. *Tartar-emetica* wants to be carried sitting up. *Cina* wants to be carried, but will scarcely let you touch him; puts his hands up to keep you away. *Arsenic* wants to be

carried in a great hurry; "quick, quick." *Veratrum* also wants to be carried in a great hurry. *Borax* will let you carry him, but woe be unto you when you put him down, as he is afraid he will fall. *Cuprum* wants to be carried, but clings to you as he is afraid some one is going to take him. *Bromium* wants to be carried quickly, especially in laryngeal and chest complaints. It is a sort of delirium. *Gelsemium* also clings to you as he is afraid he is going to fall. There are three remedies that don't want to be touched, *Antimonium-crudum*, *Cina*, and *Tartar-emetica*.

Dr. Martin—*Bryonia* does not want to be touched.

Dr. McNeil—*Bryonia* does not want to be touched because it hurts.

Sections 213–215 were then read.

DISCUSSIONS.

Dr. McNeil—I had a case which is a good illustration of the alternation of mental and physical symptoms. Several years ago a lady called upon me, fifty-two years of age, of strong religious faith, very intelligent, and mother of a large family. She prescribed homœopathic remedies herself splendidly, and would have been a credit to the homœopathic profession as a prescriber. Her domestic relations were very happy, and the only cause of her mental condition, a form of melancholia, seemed to be the loss of a grandchild who had died some time previously, after which she had been sick for a long time and lost a great deal of sleep. She made the statement that her menses were coming back, and, as we know, this is always a very suspicious symptom. Dr. Franz Kellar made an examination, and came to the conclusion that incipient cancer was present. An operation upon the cervix, I believe, would have resulted in profound melancholia. She had periodical hemorrhages. The mental symptoms were great suspiciousness, especially of her own family. She thought her children were not treating her right. She wanted to live by herself, and yet thought her daughters were talking about her. She had loose morning stool

and was troubled with terrible dreams. I could never get her to tell me what her dreams were about, but she would simply say that they were "disgusting." After a few trials of other remedies, I gave her *Lachesis*, which cured. This was six years ago. She has come twice in two years for more *Lachesis*. She was tottering between cancer and melancholia.

Dr. J. M. Selfridge—Evidently the cancer had not localized itself.

Dr. McNeil—Dr. Kellar said it had. It was a case which would have illustrated the evil effect of the knife. Which is the greater evil, cancer or melancholia?

Dr. J. M. Selfridge—Melancholia is worse than death.

Sections 216-222 were then read.

DISCUSSIONS.

Dr. McNeil—Dr. Martin might be able to give us some valuable illustrations upon mental conditions, as he must meet a great deal of it in his special practice.

Dr. Martin—Every thoughtful physician comes to this conclusion: that every abnormal mental condition is preceded by an abnormal physical condition. The majority of neurologists think that the mental state is primary, but I believe there is psora or something of that nature back of it, and that the mental condition is secondary. I had a case of seeming insanity, mania, other physicians having diagnosed it so, and yet I thought it was due to some physical condition and could be cured. Upon a close physical examination, I found the tongue heavily loaded, breath very offensive, many gastric symptoms and considerable sensitiveness in the region of the liver. I concluded that there was a complicating hepatic congestion. *Bryonia* was the remedy, which I gave in the sixth potency, and it was not twenty-four hours before the patient began to improve both in the mental and physical symptoms, and in a week's time the patient was entirely cured.

Dr. J. M. Selfridge—Some years ago I had a case of ulceration of the cervix uteri with suicidal tendencies. There was

evidently a psoric basis underlying it. Upon examination there was found an ulceration of the cervix, with endocervicitis. *Aurum* cured.

Dr. Martin—*Aurum* will always cure where there is a suicidal tendency.

The meeting then adjourned to meet the third Friday in July at the office of Dr. J. M. Selfridge, in Oakland.

Reported by

ELEANOR F. MARTIN, M. D.

(*Stenographer and Typewriter*).

W. E. LEDYARD, *Secretary*.

VACCINATION DENOUNCED.

Resolutions adopted by the Central New York Homœopathic Medical Society, in session in the city of Rochester, N. Y., June 20th, 1895 :

WHEREAS, It is a cardinal principle of our faith, that, except for the purpose of proving drugs upon the healthy, it is bad practice to induce morbid or morbidic conditions in the human organism, when in health ; also, that it is unphilosophical and contrary to physiological law to prescribe any remedy for the cure of the sick save a homœopathic remedy ; and

WHEREAS, We believe it to be not only absurd and injurious, but little short of criminal, to inoculate or to vaccinate human beings, or even brutes, with the morbidic products of any disease, on the mistaken and unwarrantable hypothesis of protection against variola, diphtheria, tuberculosis, *et id omne genus*, taking reason and experience as our guide ; therefore,

Resolved, That we hail the increasing evidence of opposition to vaccination with profound satisfaction, and welcome the advent of the new national Anti-Vaccination Association, organized at the Fifth Avenue Hotel, New York, on the 5th day of June, 1895 ; also Dr. Foote's *Journal of Health*, the *Anti-Vaccination News*, of New York, and the *Journal of Hygeotherapy* as marked features of and powerful factors in the just

war against all superstition, barbaric fetichism, or therapeutic conjecture.

Resolved, That compulsory vaccination, or State compulsion in matters pertaining to religion or medicine, or of freedom of speech or of the press, is unjustifiable in morals and in law, and we will do all in our power, by worthy and just endeavor, to oppose them, and we will aid to the extent of our ability all efforts made by others in the same direction.

Resolved, That a copy of these resolutions be furnished the *Medical Advance* ; HOMŒOPATHIC PHYSICIAN ; *Anti-Vaccination News*, of New York ; Dr. Foote's *Journal of Health* ; the *Journal of Hygeo-Therapy*, of Kokomo, Ind.

T. DWIGHT STOW.

NORTHERN INDIANA AND SOUTHERN MICHIGAN SOCIETY.

The ninth semi-annual session of the Northern Indiana and Southern Michigan Homœopathic Medical Association was held October 15th, in Goshen, Ind., with Dr. T. C. Buskirk, in the absence of the President, Dr. I. O. Buchtel, Auburn, in the chair. Members present : Drs. E. W. Sawyer, Chicago ; T. C. Buskirk, White Pigeon ; W. H. Shaw, Constantine ; Geo. A. Whippy, Ligonier ; John Borough, Mishawaka ; J. E. Barbour, Bristol ; A. L. Fisher, Porter Turner, and H. A. Mumaw, Elkhart ; W. A. Whippy and W. B. and M. K. Kreider, Goshen. Dr. C. F. Ellis, Eureka Springs, Ark., was present as a visitor, but took active part in the discussions.

A number of papers from absent members and friends of the Association were read, expressing regrets at their inability to be present. The meeting was called to order at 1 P. M. by the second Vice-President, and after roll call the minutes of the previous meeting were read by the Secretary, Dr. H. A. Mumaw, and approved. After the report of the Treasurer, necrologists, censors, delegates from other societies, and collection of annual dues, the regular work of the Association was in order. First, reports of bureaux : Surgery, Dr. Turner ; Ophthalmology, Dr. W. B. Kreider ; Materia Medica, Dr. Franz ; Practice, Dr.

Shaw; Gynecology, Dr. M. K. Kreider; Pædology, Dr. Leib. The following papers were read and fully discussed by all the members present: "Laryngeal Diphtheria," Dr. Turner; "Middle Ear Diseases Resulting from La Grippe," Dr. W. B. Kreider; "Two Cases of Malignant Diseases of the Uterus," Dr. Fisher; "Vaccination—Dangerous Grounds," Dr. Shaw; "Gynecological Cases," Dr. M. K. Kreider; "Constipation of Infants," Dr. Buskirk. Reports of cases—Drs. Ellis, Sawyer, Barbour, Mumaw, and Kreider. Chairmen of bureaus for the next meeting were appointed as follows: Surgery, Dr. Buchtel; Ophthalmology, Dr. W. B. Kreider; Materia Medica, Dr. Geo. Whippy; Practice, Dr. Barbour; Gynecology, Dr. Franz; Pædology, Dr. Turner.

The meeting was one of special interest and profit. It was unanimously decided to hold the next meeting at Elkhart on the first Tuesday in May, 1896. The meeting then adjourned.

BOOK NOTICES.

THE UNIVERSAL HOMŒOPATHIC ANNUAL OF 1894. Edited by François Cartier, M. D., Paris, France, with the collaboration of several associate editors, assisted by physicians specially attending to the translating department of German, French, Spanish, Italian, Russian, Dutch, and Danish. Issue of 1895. *Éd. Crété Imprimerie Typographique Corbeils (Seine-et-Oise)*. Price, \$3.00. Address Dr. F. Cartier, 18 Rue Vignon, Paris, France.

We owe an apology alike to the editor and to the profession as well for not previously noticing this book. The pressure of other work and the need of a careful examination of the book itself must be our excuse.

As the title-page shows, it is a collection of all the best points of information upon homœopathic practice culled from the homœopathic journals of the world. Dr. Carter was assisted in this immense task by a select body of associates, who are as follows: Dr. Timothy Field Allen, Giuseppe Bonino, George Burford, Henry C. Houghton, Sutcliffe Hurndall, Horace F. Ivins, Pierre Jousset, John R. Kippax, W. B. Van Lennep, A. B. Norton, V. L. Simon, Selden H. Talcott, Alphonse Teste, Alexander Villers.

Their combined efforts have been to condense all the practical things of all the homœopathic journals into a book of 500 pages. It may be well to state that, though prepared in France by Frenchmen, it is in the English

language. We regard it as a most valuable addition to homœopathic literature.

Looking over its pages, we notice a number of valuable points. A few of these we herewith detail. On page 41 there is a discussion as to the chemical nature of homœopathic Causticum. It will be remembered that Hahnemann, in the *Chronic Diseases*, directs that it be prepared by distilling a solution of Bisulphate of Potash with slaked lime. It has always been a matter of doubt what is the nature of the distillate to which Hahnemann gave the name of Causticum. According to the *Annual*, it is a weak solution of Potash.

The book has two main departments, one of remedies in alphabetical order and another of diseases.

In the second department, under Angina-pectoris, we pick out the following item: Tabacum and Spigelia are the two principal remedies for angina. "Tobacco produces symptoms which are altogether similar to those of angina-pectoris." Then reference is made to the history of the vessel which was returning from Havana with a cargo of tobacco, when nearly all the crew were taken with symptoms of angina-pectoris. Several cases of cure of angina with Tabacum in the third trituration are mentioned, and the assertion made that "Spigelia presents a complete picture of the symptoms of angina."

Angina is always connected with arterio-sclerosis. Professor Lancereaux claims that alcoholism is never the cause of arterio-sclerosis, which is, instead, due to herpetism, or a disposition to herpes, equivalent to Hahnemann's psora. "My master, Jean Paul Tessier, Sr., used to say," remarks Pierre Jousset, "that arterio-sclerosis was always a gouty affection, and I find this expression more medical than herpetism, but he also knew that alcoholism is one of the most powerful occasional causes to localize the gout (we will say herpetism if Dr. Lancereaux wishes) on the arteries."

The value of *Lycopus-virgicus* in cardiac asthma is shown in one case where the patient could not lie down for two days. Her chest was bared, and her hands clenched into the integument trying to assist the muscles of respiration. *Lycopus* relieved.

A case of dropsy is related where *Apocynum-cannabinum* entirely cured. Two old men similarly affected were successfully treated with *Apocynum*.

Moschus is the great fainting remedy. The patient faints from the slightest causes. She has globus hystericus, like *Ignatia*, palpitation of the heart, constriction of the chest, spasmodic suffocating spells, coldness of the skin, nervous trembling, and aggravation after sleep.

Erigeron is regarded as almost a specific in hemorrhage. No reliable indications can be given, as none are known. Two cases only are known where it failed, one being caused by uterine polypus, and the other by cancer.

"That tired feeling" is the subject of some remarks by Dr. Frank Kraft, well known as the editor of *The American Homœopathist*. He gives indications for several remedies. They are very clear and soundly homœopathic. It is a most excellent article.

Chapter fourth relates to the treatment of animals by Homœopathy.

Carbolic-acid poisoning is noticed and mention made of Dr. Edmund Carleton's paper on that subject published in *THE HOMŒOPATHIC PHYSICIAN* for March, 1894, page 77. Dr. Carleton's assertion that the antidote is Cider-vinegar is confirmed, but Magnesia-sulph. is considered even better than Vinegar.

Scopolamine is mentioned as better than Atropine for dilating the pupil, and the reasons are given in detail.

Nasal mucus is claimed to be a powerful destroyer of the germs in the air. That it not only filters them out of the air entering the lungs, but it destroys them also.

Much more of an interesting character might be extracted from this book for the benefit of our readers, did space permit. The foregoing items, however, show the scope of the book and its value. We regret that it has not a more perfect index. The absence of an index always handicaps the most valuable book.

TRANSACTIONS OF THE THIRTIETH SESSION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA, held at Philadelphia September 18th, 19th, and 20th, 1894. Philadelphia: Sherman & Co., Printers, Seventh and Cherry Streets, 1895.

This volume was issued in March last, and should have been noticed before, but the multiplicity of duties has crowded it into the background.

It is utterly impossible for us to write a criticism of this book that will do it justice. It is, like its predecessors, full of most valuable papers upon the various subjects of surgery, obstetrics, gynæcology, pathology, pædology, materia medica, clinical medicine, ophthalmology, etc. Even the enumeration of these papers is a task that we cannot undertake. The whole collection, it may be stated, however, makes up an elegantly printed volume of nearly four hundred pages. Copies may be obtained of Dr. J. Richey Horner, 79 Arch Street, Allegheny, Pa.

DISEASES OF THE HEART AND ARTERIES, THEIR CAUSES, NATURE, AND TREATMENT. By John H. Clarke, M. D., C. M., Edinburgh, Editor of *The Homœopathic World*. London: E. Gould & Son, 59 Moorgate Street, E. C. 1895.

In his preface the author says: "As my object is to deal more especially with the *therapeutics* of heart disease, I shall only devote to the consideration of the pathology of diseases of the heart and its vessels just so much space as is needed for my purpose." Accordingly, on perusing the book, we find that the author has given outline sketches of the various diseases and then followed these descriptions with the recital of cases, which were either cured outright or signally benefited by the homœopathic remedies. Much reliance is placed by the author upon the use of Iodide of Arsenic in the treatment.

The reader is not to infer from this statement that he regards Iodide of Arsenic as a specific in heart cases to the exclusion of all other remedies. On the contrary, he recites numerous cases where Iodide of Arsenic was not given at all, but other remedies administered, according to the indications. Many of his cases are illustrated by diagrams of the pulse taken with the sphygmograph.

He has taken up the reports made by the old school of the treatment of heart cases, by their new remedy Thyroidin, which is prepared from the thyroid gland of the sheep, and collecting the symptoms reported as produced by the poisonous effect of this drug in too large doses, he makes out quite a symptomatology that could be made very useful by homœopathic physicians in prescribing this medicine in potency. Dr. Clarke proposes to class this remedy as a "Sarcode," a title which seems very appropriate. He gives cases in which this "Sarcode" was very successful in the third decimal potency.

The author defines curative action by simply quoting and adopting Hahnemann's definition, and then with true Hahnemannian instinct declaring that tumors should be cured by Homœopathy. Differences of opinion concerning curative treatment are ingeniously explained, on page 140, as follows:

"Much of the disputing that has taken place over the proper method of selecting specifics might have been avoided, if only the disputants had perceived that in adjusting the sights different *focuses* may be made use of. One practitioner, for instance, will use the fine adjustment, taking a minute observation of the symptoms of the patient in great detail, and will find a *simillimum* to cover the picture. Another, working with a lower power, will take a more general view of the case, and select a medicine which he thinks corresponds to this. Both methods have given admirable results and both have their place in Homœopathy; and it is not at all my intention to dogmatize as to which is the better plan. I have succeeded with each one where the other has failed me."

Dr. Clarke does not, as before stated, narrow his use of the *materia medica* down to a very few remedies to be given over and over again by a sort of routine. On the contrary the whole boundless field of symptomatology is his for use. He makes this very clear in the following emphatic quotation: "It has been very truly said that any medicine may be required in any disease, and the case I have recorded in which *Crocus* played such a brilliant part is an illustration in point. If, therefore, I am asked, 'What medicines are good in cases of heart disease?' I must reply, 'All the medicines in the *materia medica*.' At the same time it is a very useful work to single out those medicines which have such characteristic action on the heart that they reproduce the features of the majority of the cases met with, and this I now propose to do." Then follows a list of medicines most used, with the indications for them.

SYLLABUS OF ECLECTIC MATERIA MEDICA AND THERAPEUTICS. Compiled from notes taken from the lectures of Fred-

erick J. Locke, M. D., Dean of Faculty and Professor of Materia Medica and Therapeutics in the Eclectic Medical Institute, Cincinnati, Ohio. Edited with Pharmacological additions by Harvey W. Felter, M. D. With notes on specific medicines by John Uri Lloyd. Cincinnati, Ohio: John M. Scudder & Sons. 1895. Cloth. 8vo. Price, \$2.50 net.

The motive for the publication of this book may be found in the preface. "The urgent demands, repeated from year to year, by the students and graduates of the Eclectic Medical Institute who have listened to the lectures on materia medica in that institution, that Professor Locke should prepare a work on this subject." The book consists really of a series of notes on well-known drugs.

The classification of the drugs is into the same general groupings that distinguish the materia medica of the old school of medicine. There are emetics, cathartics, diaphoretics, diuretics, sedatives, narcotics, stimulants, and all the rest of the well-known divisions. Each drug is treated with regard to its botanical origin, its chief active constituent, the essential qualities of the specific variety used in medicine, and its therapeutic uses upon the lines of the above-stated classification. The diseases in which experience proves the drug to have been useful are also given with great particularity and yet commendable brevity. Of course there are no indications for the remedy from the homœopathic standpoint, and therefore the book will hardly be of very much use to homœopathic physicians. Yet there are lots of points of information which even the homœopathist may desire, to be found in its pages. It is specially commendable by reason of its brevity, compactness, and clearness. It has two indexes, a clinical index and a subject index, both alphabetically arranged, which greatly enhance its value. Among physicians practicing the eclectic method, it must become very popular, and to students in the Eclectic Colleges it is indispensable.

HAHNEMANN'S THERAPEUTIC HINTS. Collected and arranged by R. E. Dudgeon, M. D. London: E. Gould & Son, 59 Moorgate Street, E. C. 1894.

This little book of sixty pages is a repertory of the clinical experience scattered through the works of Hahnemann.

In his introduction to the book the author says: "It has always been a matter of regret to his disciples that Hahnemann did not publish any systematic work on his therapeutics. His unrivaled powers of observation, his intimate acquaintance with the actions of medicines, and his vast experience would have enabled him to produce a manual of inestimable value to the practitioner. But though Hahnemann has not written any complete work on his clinical experiences, his writings are by no means destitute of valuable

indications for the remedial employment of many of the medicines whose pathogenetic properties he had investigated. The great number of these indications is to be found in the introductory observations prefixed to most of the pathogeneses of the medicines contained in the *Chronic Diseases*."

In accordance with the foregoing statement the book before us contains these indications in the form of a repertory. The arrangement is by regional chapters, as in most other repertories, and these again subdivided into the various headings that are needful to locate a symptom. The book is undoubtedly a help in the selection of the remedy, and it is at the same time a ready means of arriving at Hahnemann's own experience in regard to any sick condition. This feature of it will be invaluable to any practitioner who vividly realizes the immense import of Hahnemann's innovations into the methods of the old school of medicine, and at the same time is sufficiently free from the usual arrogance of reason to recognize that there are many things not dreamed of in his rational philosophy, and so cordially admits the unquestionable merit and high authority of the great discoverer.

TWENTY-FOURTH ANNUAL REPORT OF THE MIDDLETOWN STATE HOMŒOPATHIC HOSPITAL AT MIDDLETOWN, NEW YORK. Transmitted to the Legislature, January, 1895. Albany: James B. Lyon, State Printer. 1895.

This book gives, as its title indicates, a complete account of the administration of the hospital for the preceding year 1894.

For the information of those members of the profession who are not familiar with this institution, it may be stated that it is a hospital for the treatment of the insane by homœopathic methods, supported by the State of New York. For several years the medical superintendent and physician in chief has been the distinguished homœopathic physician, Selden H. Talcott, A. M., M. D., Ph. D. He still holds that position.

In addition to the usual statements concerning the hospital found in all such reports, the present volume contains several interesting medical essays, only the titles of which we can give in the present notice. They are as follows: Paranoia, by Dr. George Allen. Ancient and Modern Treatment of the Insane, by C. Spencer Kinney, M. D. General Paresis Mistaken for Chronic Alcoholism, by Daniel H. Arthur, M. D. And contribution to the General Pathology of the Insane, by Dr. Ales Hrdlicka.

CLIMATE AND HEALTH. Edited under the direction of Prof. Willis L. Moore, Chief of Weather Bureau, by W. F. R. Phillips, M. D. Number One. A Summary of Statistics for the four weeks ended July 27th, 1895. Washington, Weather Bureau, July, 1895. Vol. I, No. 1.

This publication is a monthly periodical issued by the Weather Bureau,

through suggestions made by the Secretary of Agriculture. In addition to meteorological data it contains important vital statistics.

"The statistics of mortality and morbidity are furnished by special reports of public health officials and of physicians made directly to the Weather Bureau. * * * The effort will be persistently made to secure, as nearly as practicable, accurate and trustworthy statistics concerning the sanitary conditions prevailing from week to week."

"If the discovery should be made that deaths from any given cause may be expected to occur more frequently during the manifestation of certain atmospheric phenomena, it would probably be of considerable value to the physician in the treatment of the disease, but it is doubtful if this sort of knowledge could be of service in the prevention of the disease. On the other hand, if the prevalence of a given atmospheric condition should be found to be coincident with the greater or less frequency of a certain disease, the knowledge will be useful to both the physician and the general public in indicating an insistence upon the observance of more or less stringent preventive measures."

From this it will be seen that the new Journal is a contribution to the domain of preventive medicine.

The present number, a large quarto, is full of tables of mortality from various diseases, all of which are separately named, and in all the States of the Union. These are followed by tables of climatology specially selected from particular Weather Bureau Stations, for purposes of comparison with the preceding tables of mortality, and last of all a series of charts or maps of the United States showing all the places which have the same mean temperature, the same mean rain-fall, and other similar data.

THE ARCHIVES OF PEDIATRICS

Will commence its thirteenth year with the January number, under the business management of E. B. Treat, Publisher, of New York, long identified with medical publishing interests. The *Archives* has been for twelve years the only journal in the English language devoted exclusively to "Diseases of Children," and has always maintained a high standard of excellence.

The new management propose several important changes in its make-up; increasing the text fifteen per cent., and enlarging its scope in every way. This will give room for the fuller contributions and additional collaborators who have been secured for the various departments, all of which give promise of a more successful era than has been known even in the already brilliant career of the journal.

The editorial management will be in the hands of Floyd M. Crandall, M. D., Adjunct Professor of Pediatrics, New York Polyclinic, and Chairman of Section on Pediatrics, New York Academy of Medicine.

QUARTERLY ATLAS OF DERMATOLOGY: An Illustrated Quarterly Journal of Skin and Venereal Diseases. Edited by A. H. Ohmann Dumesnil, A. M., M. D., Professor of Derma-

tology and Syphilology in the Marion-Sims College of Medicine of St. Louis. Published by the Quarterly Atlas Co., 1 North Broadway, St. Louis, Mo., U. S. A. Subscription price, \$1.00 per annum.

The October number of this important publication is before the editor. It contains articles on Ecthyma, Cornu Unguale, Subacute Eczema, Porrigo è Pediculus, Varioliform, Syphilide, and Pustulo Crustaceous Syphilide. Every one of these articles is illustrated by a photographic plate. It is certainly a very desirable journal for the homœopathic physician. The treatment, however, is of the orthodox character. This, however, need not trouble the homœopathist. What he wants to get is a clear idea of the different skin diseases as found in these descriptions and illustrations.

RULES FOR THE PROPER USAGE OF HERALDRY IN THE UNITED STATES, and other extracts from the popular authority, *Heraldry in America*. By Eugene Zieber. Published by The Department of Heraldry of The Bailey, Banks & Biddle Co., Philadelphia.

This beautiful monograph is published by the justly celebrated jewelry firm of Bailey, Banks & Biddle, of Philadelphia.

The motive for its publication may be found by perusal of the following extracts from the preface:

This volume is designed to meet a felt want in America for a popular work on heraldry. The writer has endeavored to group in a concise and intelligent manner all that is necessary to enable the student correctly to interpret and apply the manifold laws of the gentle science of arms. In this respect this book is largely a compilation, as are all modern works on the subject. It contains in addition a collection of material gathered from the use of royal and other seals upon colonial documents, and individual coat armor upon old tombstones, hatchments, tablets, family plate, wills, deeds, etc., showing an early practice and wide recognition of heraldry in America. It also presents a view of the present practical application of heraldry in the United States, particularly to the use of official, corporate, and personal seals, and insignia of orders and societies.

THE STANDARD DICTIONARY of Funk & Wagnalls.

The *St. James's Budget*, the weekly edition of the *St. James's Gazette*, London, one of the most conservative and authoritative of English journals, in the issue of July 27th, ends its review of the Funk & Wagnalls *Standard Dictionary*, as follows:

"Nothing can be more complete than this, nothing more exhaustive. * * * The excellencies of this book are so bewildering that whatever might be said of them there would be as much remaining to be said. To say that it is per-

fect in form and scope is not extravagance in praise, and to say that it is the most valuable Dictionary of the English language is but to repeat the obvious. The *Standard Dictionary* should be the pride of literary America, as it is the admiration of literary England."

The English critics on all sides show no hesitation in placing this new American Dictionary above all similar British works. The *Leeds Mercury* in a review just published says:

"We have no hesitation in stating that the Funk & Wagnalls *Standard Dictionary* is the best and most complete Dictionary of the English Language now in existence."

John Bull can be generously fair when he tries to be, but he cannot help but show just a little natural sensitiveness at being constrained to look elsewhere for a Dictionary of his own language: "Strange," the *London Literary World* exclaims in speaking of the *Standard Dictionary*, "that the Queen's English should find its chief autocrats in the country of the President."

As English comment is just now particularly severe on many things American, it is gratifying so see how unqualified is its continued praise of the *Standard Dictionary*. This is all the more remarkable in view of the natural sensitiveness on the part of England at being obliged to look elsewhere for a Dictionary of its own language.

NOTES AND NOTICES.

CORRECTION: In the October number, at page 462, a very serious error occurs. All that portion of the page, beginning with paragraph dated May 9th and ending with the one dated June 16th, both included, should be placed at the end of the article on page 467.

DR. THOMAS M. DILLINGHAM has removed his office from 46 West Thirty-sixth Street, to his residence, 8 West Forty-ninth Street, New York City. Office hours: Dr. Dillingham, 10 A. M. to 12 M., 5 to 6 P. M.; Sundays, 12 to 1 P. M. Dr. Arthur G. Allan, 8 West Forty-ninth Street, 9 to 10 A. M., 2 to 5 P. M.; Sundays, 9 to 10.30 A. M., 5 to 6 P. M. Dr. Allan's residence, Hotel Imperial.

DR. H. P. MERA has removed his office and residence to 55 Adelaide Street, Detroit, Michigan.

DR. HENRI G. IDE, formerly of Cincinnati, Ohio, has purchased the practice of Dr. W. M. Wemp, of Oxford, Michigan, and will hereafter continue as the homœopathic physician of that thriving town.

DRS. MACLACHLAN & BROOKS desire to announce to their friends and patrons that they have formed a copartnership after having been associated in college and hospital work during the past year. Dr. MacLachlan will spend three days of each week in Ann Arbor. Dr. Brooks will reside in Ann Arbor, his residence being 31 East Jefferson Street, where he may be found

at all times outside of office hours. He will engage also in the general practice of his profession, and will be in readiness to respond promptly to professional calls, both day and night.

They will retain their present office, corner Main and Washington Streets, Ann Arbor, Michigan, where both may be consulted.

DR. D. A. MACLACHLAN, who has so long held the chair of Ophthalmology, Otology, and Laryngology, in the Homœopathic Medical Department of the University of Michigan, has removed from Ann Arbor to Detroit, and will hold himself in readiness to go to any part of the country, in response to professional calls, for either consultation or operation. Office: No. 6 Adams Avenue West, Grand Circus Park. Hours: 10 to 12 M. and 1.30 to 4 P. M.; telephone 3659, three rings; residence: 111 Edmund Place. Practice limited to diseases of the eye, ear, nose, and throat.

FOR SALE.—Volumes VIII, IX, XII, XIII, and XIV of THE HOMŒOPATHIC PHYSICIAN, unbound, for sale. Inquire of Dr. Wm. Steinrauf, St. Charles, Mo. Box 146.

HERING COLLEGE, of Chicago, opened October 1st, with music, refreshments, and enthusiastic speech-making. The reorganized Faculty and the students seemed eager for the new year's work.

The first number of the *Hering Bulletin* appeared at about the same time. This publication issues quarterly, and, while the initiatory number was edited by the Faculty, the students will have charge of it hereafter.

Whereas the medical clinics have heretofore taken the lead in Hering, the chairs of surgery have this year organized a series of clinical meetings that show the present and future prosperity and value of this department of surgical instruction. Cases have been various and abundant, and the students express great satisfaction on this account.

Well-wishers of pure Homœopathy will be glad to hear of the continued prosperity of this college. With its Faculty reorganized and strengthened future harmony is assured. The enthusiasm of its alumni and the interest of the profession in general are attested by the large number of applications for admission for the college year just begun. The phenomenal success of this school is based on a deep and wide-spread desire to see its great principles survive in their purity, and its influence in the homœopathic world is already marked.

THE HOMŒOPATHIC MEDICAL COLLEGE attached to the University of Michigan, at Ann Arbor, has been completely reorganized. A correspondent writes to us that the Faculty and students are entering upon the year's work with great interest. The commodious hospital has been put upon an entirely independent basis, as far as management is concerned, and the number of students is greatly increased. The whole class membership is made up of students who are pursuing their studies with an enthusiasm and loyalty that promise well for the cause.

THE HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

Vol. XV.

DECEMBER, 1895.

No. 12.

EDITORIAL.

ARSENICUM-ALBUM.—Under this remedy we find profuse leucorrhœa which is acrid and corroding, and dropping out when standing.

Arsenicum has hoarseness in the morning, hoarseness with coryza, and hoarseness with roughness of the throat. The patient talks fast on account of the dyspnoea. He has sense of chilliness or coldness in the chest. There is also coldness in the abdomen. Sulphur also has coldness in the chest. The Arsenicum patient also has cough and dyspnoea at night, obliging him to sit up in bed, and hoarseness in the morning.

Arsenicum has pain and soreness in upper third of right lung or all the apex, and occasionally lower part of left lung. This is Dr. Guernsey's key-note for Arsenic.

Arsenicum has cough from walking in cold air. Phosphorus also has cough, worse in cold air. Arsenicum, there is arrest of breathing after cough, as if from constriction of the chest.

Arsenicum has gray, greenish expectoration. Stannum has greenish expectoration of a disagreeable sweet taste and very profuse. Sometimes the expectoration has a salty taste. Quite a number of remedies have greenish expectoration, for which the student should consult a repertory.

Arsenicum has yellow spots on the chest, and Sepia has claret-colored spots. Sepia has a yellow saddle across the nose, and Sulphur has a red one. These indications, properly remembered, will often lead up to the right remedy.

Under Arsenicum, when lying on the back the heart beats more quickly and with violence.

Arsenicum has stiffness of the back of the neck. This remedy also has drawing pain between the shoulder-blades, compelling one to lie down. It has stiffness of the neck, as just stated, as if from overlifting, or as if from bruising. There is painfulness of arm on which one lies at night, and painful swelling of the hands, with coldness. The rheumatic pains in the upper arm of the Arsenicum patient are similar to Rhus-tox. Arsenicum has aching of the limbs, waking him from sleep, especially in drunkards. The finger-joints are painful on moving them. There is cramp or rigidity of the fingers; fingers stiff and numb; tearing in the tibia, principally the right one. Phosphorus has swelling of the tibia. Kali-hydriodicum has painful nodes along the ridge of the tibia. This is another one of Dr. Guernsey's key-notes.

Arsenicum has tearing and stinging, apparently in the periosteum of the right tibia, extending down the leg into the big toe. There is paralysis of the legs; violent tearing in arms and legs. It is impossible to lie on the painful side; relieved only by constant motion. There is coldness of the legs and feet, sometimes with cold perspiration. The patient can't get warm. Swelling of legs, with excruciating pain; restlessness of legs at night, preventing sleep; they have to be moved all the time. Cramps in legs at night; the skin of the soles of the feet is thick, hard, without sensation, and full of cracks. Arsenicum has ulcers on the soles of the feet and toes. Bryonia has ulcers with coldness. Arsenicum has ulcers on the heels, with bloody pus. Natrum-carbonicum has ulcers on heels from rubbing of boots. Dr. Frederic Preston has called attention to *Lamium-album* and *Allium-cepa* for this trouble of the heel. In Lippe's *Materia Medica*, *Lamium* has "blister on the heel from slight rubbing, afterward bursting and changing to an ulcer, with smarting and biting." *Allium-cepa* has "soreness, especially of the heel where the skin is rubbed off by the shoes." This also is from Lippe's *Materia Medica*.

Arsenicum has paralysis of the legs. There is total inability

to raise them. This is similar to *Nux-vomica*. *Arsenicum* has trembling of limbs in drunkards. This is similar to *Lachesis* and *Sulphur*. *Arsenicum* has sensation of breaking down in the knees on going up-stairs.

Arsenicum has fainting from weakness, followed by aversion to least motion, and aggravation of debility by motion. The patient is troubled with coldness from sitting still. Numbers of remedies have fainting from weakness. Dr. Lippe mentioned especially three: *Gelsemium*, *Pulsatilla*, and *Sepia*.

With the debility the *Arsenicum* patient has much depression of spirits, especially in phthisis, with moaning and weeping.

Starting of the limbs when on the point of falling to sleep is not only a symptom of *Arsenic*, but of *Belladonna* as well.

In connection with this symptom of starting, the Editor cannot refrain from adding a few of his own notes taken from his private note book :

Argentum-metallicum, starting like an electrical shock on falling to sleep, waking her up. The shocks may be of whole body or single limb.

Cina, starting when falling to sleep ; screams, turns over, and kicks covers off.

Arum-triphyllum, *Belladonna*, *Mercurius*, starting when falling to sleep.

Belladonna, starting when falling to sleep, feet jerked upward, and head forward.

Apis, starting at any noise when falling to sleep, or when some one enters the room.

Arsenic, *Bell.*, *Bry.*, *Caust.*, *Ign.*, *Lyc.*, *Nux-v.*, *Op.*, *Puls.*, *Sepia*, all have starting of limbs on falling to sleep.

Arum-triphyllum, starting up as if from fright on falling to sleep.

Aconite, wakens with a start from dreams.

Belladonna, starting in fright at the approach of others.

Stramonium, starting in fright on first waking from sleep at the approach of the nurse, or with shrinking from the first object the child sees. This is Dr. Guernsey's keynote.

Carbo-veg., starting from anxious dreams.

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- Abscess of (compare Suppuration):
 coni. crot-h. *hep. lach.* (l.) *merc.*
 PLAT. psor. PYROGEN. sil.
- Aching in (comp. Dull pains):
 amm-c. ars. cocaine, coni. fluor-ac.
lact-ac. (r.) lill-t. medor. onos. ovi-
 gall-p. (l.) pic-ac. (l.) pod. (l.) sep.
 sul. syph. (l.) thuj. (l.) xanth. (r.).
- Acute pain in. See Sharp.
- After pains, like: kali-ph. mag-ph.
- Agonizing pains in: guai.
- Alternating pain between eye and
 ovary: sulph.
- — — ovary and groin or pu-
 denda: plat.
- — — from one to the other: colo.
lac-can.
- with headache: ovi-gal-p. (l.).
- Anæmia of: ferr. graph.
- Atony of: alet. *eup-pur.* (helo.) pul.
- Atrophy of: *bar-m.* CON. helo. IOD.
 plb.
- Ball, ovary feels like a heavy b.: carb-
 an. (r.)
- sensation of a b. in region of
 ovary: calc-c.
- Balls of fire, ovaries feels like: znc-
 val.
- Bearing down in: *alo.* apis. (r.)
 arg-m. BELL. *canth.* cimi. ham. iod.
lac-can. lac-def. lach. (l.) lill-t.
 mag-m. xanth. (r.).
- — in left, extending up back and
 down left thigh: arg-m.
- Beating, sensation as if uterus were
 b. against right ovary: angus-
 tura. (r.).
- Blenorrhœa: arn. merc. nit-ac. pul.
 thuj.
- Boring in: brom. (l.) COLO. *lach.* LYC.
 lill-t. sumbul. (l.) thuj. (l.) znc. (l.)
- Bruised sensation in: alet. (r.) apis.
 (r.) arg-m. (l.) *therid.*
- Bubbling in: medor. (r.) (berb.).
- Burning in: abrot. (l.) ananth-m.
 APIS. ARS. (r.) *bell.* (r.) buf. calc-c.
canth. carb-an. colo. (r.) (con.)
eupion. (l.) goss. (l.) *kali-iod.* kali-n.
 (r.) *lac-can.* LACH. (l.) lill-t. (r.)
lyc. medor. (l.) nat-m. PLAT. sep.
 thu. (l.) ustl. znc. (l.) znc-val.
- Burning in: paroxysms in ovaries:
 plat.
- heat in: buf. MEDOR. (l.)
- Burst, sensation as if ovaries would:
 graph. (r.) medor. (l.) thu.
- Cancer of: ars. graph. iod. kre. lapis-
 alb. psor.
- Clawing in: BELL.
- Coldness, sensation of, in: ferr-iod.
 (l.).
- Colic in: apis. (r.) lach. (l.) *colo.*
- Come and go, pains: goss.
- — — quickly, pains: *bell.*
- Congestion of: *aco. alet.* APIS. *bell.*
 bry. cact. *canth.* chin. cimi. con.
 cub. graph. ham. hedeoma. *hep.*
 iod. *kali-iod.* (r.) *lac-can.* (r.) lach.
 lill-t. magnol. (l.) melil. naj. phyt.
 PLAT. polygon. puls. rhus. sabi. sec-
 c. (r.) sep. staph. sulph. SYPH. thu.
 ustl. vibur-op. znc.
- Constant pain: brom. ustl.
- Constriction in (comp. Grasping):
 cact-g. puls. (r.).
- Contraction. See Drawing.
- Corkscrew pains. See Boring.
- Cramping in (comp. Colic, constrict-
 ion, etc.): buf. coca. (l.) coccl. *colo.*
 (l.) cub. (r.) naj. (l.).
- Crawling in: hep.
- Cutting in: abs. abro. (l.) amm-c. (l.)
 APIS. arg-n. (r.) ars. aru-t. (l.)
 ATROP. (l.) BELL. (r.) bor. bry.
canth. coccl. coce-c. collin. (r.) COLO.
 CON. cub. (r.) eup-pur. (l.) fluor-ac.
 graph. (l.) ham. lach. LILL-T. *lyc.*
 medor. naj. nat-m. nux-m. onos.
 phos. (l.) pul. (l.) *sabad.* stram.
 syph. (l.) thu. ustl. (l.) xanth. (r.).
- Cysts of: apis. *bor.* *canth.* carb-an.
colo. IOD. *kali-br.* lach. murex. prun-
 sp. PLAT. rhod. (r.) rhus-t. thu.
- Dark color of: ars.
- Darting in: abro. (l.) abs. (r.) *bell.*
 graph. *lac-can.* (r.) lach. (l.) lill-t.
 MAG-PH. (r.) phos. sep. (r.) syph.
 thu. xanth. (r.).

MISCELLANEOUS SYMPTOMS.

- Debility of: *chenop-v.*
 Dislocated, pain as if, in (comp. Shaking loose): *apis.*
 Disorganization of: *ARS. sec-c. (r.).*
 Distention of (comp. Enlargement, etc.): *aur-mur-nat.*
 — sensation of: *curar. medor. (l.).*
 Distressing pain in: *lill-t. (pho.) thu. (l.) ustl.*
 Dragging in: *bry. (r.) lac-def. (l.) lac-fel. (l.) lill-t. (r.) (oxalis). plat. (l.) pod. sil. (l.).*
 Drawing in (comp. Pulling, etc.): *apis. ars. (r.) atrop. (l.) bell. (r.) chin. coc-c. colo. (l.) cub. goss. lach. (r.) lill-t. (l.) PLAT. pod. (r.).*
 — toward uterus: *goss.*
 — downward and forward: *pallad. (r.).*
 Drawn together, sensation as if heart and ovary were: *naja.*
 Dropsy of: *APIS. arn. ars. aur-m-n. bell. brom. (l.) bry. calc-c. carb an. chin. colo. con. ferr-iod. (r.) graph. iod. kali-bro. kali-c. kre. lach. LILL-T. LYC. merc. nat-s. phos. plat. plb. pod. pru-sp. rhod. rhus-t. sabin. sep. staph. tereb. znc.*
 Dull pain in (comp. Aching): *amm-br. (l.) apis. (r.) brom. (l.) carb-v. (l.) con. ferr-ph. hydrocot. iod. kre. lill-t. (l.) sep. sulph. xanth. (r.).*
 — — — left and in spleen: *carb-v.*
 Ecchymosis in: *merc-corr.*
 Enlarged sensation in: *ARG-M. (l.) arg-n. (r.) medor. (l.).*
 Enlargement of (comp. Distention, swollen, etc.): *APIS. (r.) aur-m-n. (r.) bell. (r.) CON. graph. (l.) iod. hep. kali-br. lac-can. (l.) LACH. (r.) lill-t. (l.) lyc. melil. (l.) spo. ustl. (l.).*
 Fallen, pain in left as if it had f.: *medor. (comp. Rolled over).*
 Fire: balls of: ovaries feel like: *znc-val.*
 Fleeting pains in: *curar.*
 Fluttering in: *brachy. (r.).*
 Fullness in: *syph.*
 Gnawing in: *colo. (l.) lill-t. (r.).*
 Grasping in: (*cact-g.*) *lill-t. (l.) oxytropis (l.).*
 Grinding in: *graph. (r.) fluor-ac. (r.).*
 Gripping in (comp. Colic): *curar. (r.) lill-t.*
 Hardness of (comp. Induration): *amm-br. amyl-n. APIS. (r) (ars.) BELL. (r.) brom. (l.) carb-an. graph. (l.) lach. (l.) ustl. (l.).*
 Heat in (comp. Burning): *bufo. lac-can. lac-def. med. (l.).*
 Heaviness of (comp. Weight): *APIS. (l.) ars. carb-an. (r.) carb-v. (l.) eup-pur. (l.) helo. iod. kali-c. lill-t. (l.) melil. onos. sep. vibur-op.*
 Heavy pains from ovarian region to shoulder-blade, with gastralgia (after menses): *borax.*
 Holding, as if something were h. ovary. *oxytrop.*
 Hernia of: *coccl. con. mag-m. nux-v. sil. sul.*
 Hydatids of: *bufo. canth. merc.*
 Hypertrophy of (comp. Swollen, etc.): *carb-an. iod. lactuca. puls.*
 Increasing and decreasing gradually, pains: *STANN. xanth.*
 Induration of (comp. Hardness, etc.): *amm-br. (l.) apis. aur-m-n. ars. bar-m. bar-iod. bell. brom. carb-an. (r.) con. curar. GRAPH. (l.) iod. LACH. (l.) pallad. (r.) plat. psor. (l.) sep. spon.*
 Inflammation (comp. Congestion): *aco. æsc. (r.) amm-br. amb. ant-c. APIS. (r.) arg-m. arn. ars. aur. BELL. (r.) brom. bry. cact. canth. caps. (l.) chin. CIMI. colo. con. crot-h. cub. dulc. euphorb. gel. graph. (l.) guai. ham. hedeom. igt. iod. (r.) kali-iod. lac-can. lach. (l.) lill-t. LYC. (r.) mag-pho. merc. nit-ac. nux-v. pallad. (r.) phos-ac. PHOS. phyt. plat. POD. (r.) puls. rhus-t. sabad. SABIN. salix-n. staph. syph. thu. (l.) USTL. verat-v. znc. (l.).*
 — chronic of: *brom.*
 Insupportable pain in: *alumen (l.).*
 Intense pain in: *ars. xanth. (l.).*
 Intermittent pains in (comp. Periodical): *goss. lac-can. (r.) ustl. (l.) ziz.*
 Irritation of: *amm-br. APIS. bry. (r.) carb-ac. (l.) CIMI. gels. ham. kali-br. lill-t. nux-v. phyt. plat. rhus-t. (r.) thu. ustl. VIBUR.*
 Itching in: *prun-sp.*
 Jerking in and above: *eupat-pur. (l.).*
 Labor like. See Bearing down.
 Lancinating. See Cutting.
 Left ovary: *abrot. æsc. agar. alumen. amb. amm-br. apis. ARG-M. arg-n. artem. aru-tri. atrop. bov. BROM. caps. carb-ac. carb-v. cenchris. cham. cimi. COLO. cup-ar. eup-pur.*

DIRECTION OF PAIN.

eupion. ferr. fer-iod. fer-pho. *goss.*
 GRAPH. *ham.* hydras. iod. kali-bro.
 kali-ph. lac-can. lac-def. lac-fel.
 LACH. LILL-T. lyc. lyss. magnol.
 MEDOR. melil. MERC. murex. *naj.*
 nat-m. onos. ovi-gal-p. pic-ac. *phos.*
 PLAT. pod. psor. puls. rhus-t. sep.
 sil. stan. stram. sumbl. SYPH. therid.
 THU. USTL. *vesp.* wyeth. XANTH.
znc. ziz.

Lightning-like pains in: mag-ph.

Lump in, as if: apis. (l.) pso. (comp.
 Swelling, etc.).

Movement in: apis.

Needles, as if in (comp. Sticking):
 colo.

Neuralgia of: Amm-br. amm-m. apis.

(r.) ATROP. *bell.* (r.) cham. CIMI (l.)

coccl. collin. COLO. *crot-h.* ferr-ph.

gel. *ham.* *igt.* KALI-BR. kali-ph. lac-

can. LACH. (l.) lill-t. (l.) LYC. MAG-

PH. (r.) medor. *naj.* (l.) pallad. (r.)

phyt. plat. puls. *ran-b.* SAC-LAC. (r.)

sep. stann. staph. stram. tarent.

therid. urt ur. ustl. (l.) *vesp.* xanth.

(l.) zinc. (l.) zinc-val. ziz. (l.).

Numbness in: apis. (r.) pod. (l.).

Obliterated, almost: carbon-sul.

Oppressive pain in: lill-t. (r.) melil.

Pain in (undefined): acon. *æsc.* (l.)

alu. apis. (r.) *arg-m.* (l.) *arg-n.* ars.

atrop. aur. BELL. (r.) berb. brom. (l.)

bry. (r.) cact. calc-c. canth. carb-ac.

(l.) carb-v. cenchris. cimi. collin.

colo. (l.) con. cop. ferr-ph. (l.) gels.

graph. (r.) *guai.* *ham.* hell. (r.) *helo.*

hydrocot. iod. (r.) *kali-br.* (l.) kali-

ph. lac-can. lach. (l.) lill-t. (l.) LYC.

(r.) lyss. (l.) mag-ph. medor. (l.)

naj. NAT-M. (r.) onos. ovi-gal-p. (l.)

pallad. (r.) *phos.* (l.) plat. (l.) plb.

pod. (r.) rhod. rhus-t. saba. sars. sec-

c. sep. (l.) sil. (l.) staph. stilling. sul.

syph. (r.) therid. (l.) thu. (l.) UST.

(l.) *vesp.* (l.) vibur. wyeth. (l.) XAN.

znc. (l.).

Pain over the ovaries: *phos.*

Pain, direction of:

— extending across lower part of
 ABDOMEN from region of ovaries:
 CIMI. lac-can. (l.) lill-t. (l.).

— — up to ABDOMEN from left
 ovary: *ham.* lill-t.

— — through ABDOMEN, hips, and
 back: conl.

— — to ARM: lac-can. (l.).

— — through small of BACK from
 left ovary: *æsc.* plat.

Pain extending up BACK from: *arg-*
m. (l.).

— — to BACK: abrot. *arg-n.* brom-
 (l.) iod. sul. xanth. (r.).

— — — — and abdomen: *phos.*

— — BACKWARD: bell. sep.

— — to entire BODY: dios.

— — into BOWELS: cocaine.

— — to CHEST from ovaries: apis.
 (r.) lach. (r.) murex. (r.).

— — to left CHEST from ovary:
 APIS. (r.).

— — CRURAL region and thighs:
 staph.

— — — — nerve (anterior): xanth.

— — — — (descending it): pod.
 (r.).

— — DIAGONALLY: apis. (r.) medor.
 (r.) murex.

— — DOWN sides of hypogastrium:
 lill-t.

— — DOWNWARD: medor.
 — — — — and forward from left
 ovary: *arg-m.* (l.).

— — to EXTREMITIES: ustl.

— — — — FOOT: lac-can. (l.) ovi-gal-p.
 — — — — GENITALS from ovary:

lach. (r.).

— — — — GROIN: amm-c. (l.) apis. (r.)
 BUFO. cub. lill-t. medor. (l.) thu.
 ustl.

— — — — left: medor. (l.) ovi-gal-
 p.

— — — — right: lill-t.
 — — — — and hypogastrium:

xanth.

— — — — — iliac region: thu. (l.).

— — — — — left leg: lill-t. thu.
 ustl.

— — — — — loins: cubeb.

— — — — — pubes: lill-t.

— — — — — thigh and leg: ovi-gal-
 p. (l.).

— — through GROIN toward:
 sacrum: PLAT.

— — to HEART from ovary: brom.
 dios. lill-t. ovi-gal-p.

— — like a drawing from ovary to
 HEART: *naja* (l.).

— — HIPS: apis. (r.). brom. (l.). bry.
 merc. xanth. (r.).

— — down HIPS: ustl. (l.).

— — through HIPS to back: *æsc.* (r.).

— — to HIPS and thighs: apis. lill-t.
 — — over HIPS and down thighs:
 xanth. (r.).

— — — — right HYPOCHONDRUM: lill-
 tig. (r.) lach. (r.).

DIRECTION OF PAIN.

Pain extending across HYPOGASTRIUM, to groin and down leg: lill-t.

— — to HYPOGASTRIUM: lill-t. xanth.
— — through ILIAC region, into groin and sometimes into left leg: thu. (l.).

— — over ILIUM, either to or from ovary: SEP.

— — to KNEE (shooting): cimi. lac-can. (r.). wyeth (l.).

— — from LEFT to RIGHT: apis. ip. lac-can. LACH. lill-t. naj. syph. ustl.

— — to LEG (left): apis. cham. lac-can. lill-t. ovi-g-p. phos. thu. ustl.

— — — — — and foot: ovi-gal-p.

— — — — — (right): apis. LYC.

— — — — — (shooting down): ustl. (l.).

— — LIVER: lach. (r.) lill-t. (r.) med. (r.).

— — down LIMBS: ferr-iod (l.) goss. (l.).

— — to LOINS: staph.

— — — — — and groins: cub.

— — — — — LUMBOSACRAL region: lill-t.

— — — — — left MAMMARY region: lill-t. (l.) murex. (r.).

— — — — — opposite MAMMARY gland: murex.

— — from ONE to the OTHER: cimi. ONOSMOD.

— alternating from ONE to the OTHER: LAC-CAN.

— EXTENDING, OUTWARD and backward: sep.

— — to OVARIES, from back, over each hip: SEP.

— — — — — OVARY from groin: alumen. (l.).

— — — — — heart: ovi-gall-p. (l.).

— — — — — left labium through uterus: bell. phos. thu.

— — — — — left leg: lac-can. (l.).

— — — — — lumbar region: tereb.

— — — — — region of epigastrium: ovi-gal-p. (l.).

— — — — — sacral region: ustl. (l.).

— — — — — umbilicus: colo. hydrast. (l.) (pallad.).

— — — — — into PUBES: cocc-c.

— — across PUBES from ovaries: lill-t. (l.).

— — to RIBS: apis. (r.).

— — from RIGHT to LEFT: bell. graph. LYC. xanth.

— — SACRUM and thighs from: arg-n.

— — SHOULDER-blade from: borax (r.).

Pain extending to SHOULDER from ovary: pod.

— — up to SIDE from ovary: cimi.

— — to whole left SIDE: lac-can. (l.) plat. (l.).

— — from SIDE to SIDE: cimi.

— — toward STOMACH: colo. (l.).

— — to THIGHS: amm-c. (l.) APIS.

arg-m. arg-n. ars. bry. (r.) cact.

calc-c. (r.). carb-an. cham. lac-can.

lill-t. (l.). magnol. (l.) nat-m. (r.)

ovi-gal-p. (l.) pallad. (r.) phos. pod.

staph. xanth.

— — — — — anterior surface of: lill-t. (l.) xanth. (l.).

— — — — — inner surface of: ars. (r.) lill-t. (l.) phos. (l.).

— — — — — — — — — and down knee: pod. (r.).

— — — — — outer surface of: lill-t.

— — — — — posterior surface of: ars. ovi-gal-p. phos.

— — — — — knee and foot: ovi-gal-p.

— — — — — and crural region: staph.

— — — — — — — — — over hip, from ovary: xanth.

— — UPWARD (shooting): arg-m. cimi. lac-can. lill-t. lach. pod.

— — through UTERUS from ovaries: bell.

— — to UTERUS: cubeb. goss. ham. (r.) helo. iod. (r.) lach. (r.) sac-lac.

(r.) sep. ustl. (l.).

— — — — — and back: ustl.

— — — — — through broad ligament: ham. iod. (r.).

— — — — — ovarian region: medor.

— — — — — VAGINA from: ovi-gal-p. (l.) sep. (l.).

— — EXTENDING into VESICAL and pubic region from ovaries: cocc-c.

Paroxysmal pain in: apis. lach. plat.

Periodical pains in: apis. cact-g.

Pinching pains in: canth. cham. PLAT.

Plug, as if a dull p. were driven from right ovary toward womb: iod.

Pressive pains in: ars. (r.) iod. lac-def. LACH. (l.) plat.

Pressure in: angust. (r.) carb-v. (l.) sep.

— above: eupat pur. (l.).

— downward: plat.

— on: lill-t.

Pulling-down sensation in (comp. Drawing): cub. goss. medor. (l.) (pallad.) plat.

Pulsation (including throbbing, etc.) apis. ars. BELL. (r.) CACT-G. calc-c.

DIRECTION OF PAIN.

cop. cub. cup. onos. nux-m. pod.
(r.).

Pulsation, at same hour every day,
extending to thighs: cact-g.

Pushing in: caps. (l.).

Quick pain: bell. eupat-pur. (l.)
(comp. Cutting).

Rawness, sensation of: merc. (l.).

Rending. See Tearing.

Right ovary: abs. *ÆSC.* angust. APIS.
arg-m. *arg-n.* ars. BELL. bor.
brachy. *bry.* calc-c. carb-an. cen-
chris. collin. conval. *colo.* cop. cub.
curar. ferr. fer-iod. fluor-ac. glon.
graph. ham. hell. iod. kali-bro.
kali-iod. kali-n. lac-can. *lach.* lact-
ac. *lill-t.* LYC. mag-ph. medor.
murex. nat-m. PALLAD. pic-ac. plat.
POD. pso. puls. rhod. rhus-t. sac-
lac. sars. sec-c. sep. syph. *xanth.*

Rolled over, sensation as if ovary
(comp. Fallen): lach. lill-t. ovi-
gal-p.

Sensitiveness, including soreness and
tenderness: alumin. (agar.) ANT-C.
APIS. (r.) arg-m. arg-n. ARN. artem,
atrop. (l.) BELL. bry. (r.) bufo. calc-c.
canth. chin. cimi. colo. (l.) con.
cup ars. (l.) *graph.* guai. ham. helo.
hep. *iod.* (r.) jecoris. kali-br. (l.) lac-
can. LACH. LILL-T. LYC. medor. (l.)
murex. (r.) NUX-M. onos. ovi-gal-p.
(l.) PALLAD. (r.) *plat.* (l.) psor. (r.)
puls. rhus-t. salix-n. sec-c. (r.) sep.
STAPH. syph. (l.) tarent. *tereb.* thea.
therid. ustl. (l.) vesp. (l.) znc-val.

Scirrhus of: ars.

Severe pain in: bry. (r.) ovi-gal-p.
ustl.

Shaking loose, as if something were
in region of ovary: lill-t.

Sharp pain in (comp. Cutting): abrot.
absin. (r.) APIS. (r.) curar. cenchris.
(l.) colo. fluor-ac. hydrast. (l.) kali-
ph. (l.) lac-can. (r.) LACH. (l.) LILL-
t. lyc. medor. naj. onos. sep. STAPH.
syph. (l.) ustl. (l.) verat-vir. vibur-
op. xanth. (r.).

Shooting in: abrot. (l.) absin. (r.)
apis. (l.) brom. bry. cenchris. (l.)
cub. graph. LACH. (l.) *lill-t.* (l.) lyc.
MAG-PH. (r.) medor. merc. pod. (r.)
sac-lac. staph. thu. (l.) VIBUR. xanth.
(r.).

— across pubes: lill-t. (l.)

— over ovaries: vibur.

— to knee: wyeth. (l.).

— — hip: xanth. (r.).

Shooting up side: cimi.

— — left side and down arm: lac-can.

Smarting (comp. Rawness): eup-pur.
(l.) syph. (l.).

Soreness. See Sensitiveness.

Sore spot, pain as of a, in region of
right extending to thighs: *bry.*

— — in left: ovi-gall-p. syph. (l.).

Spasmodic pain in: colo. (l.) mag-ph.
phos. ustl. (l.).

Sprained, as if. See Strained.

Squeezing pain in (comp. Grasping,
etc.): COLO. (l.) (staph.) thu. (l.)

Stabbing in colo: saba.

Steady pain in: apis.

Sticking in (comp. Needles), etc.:
caps. (l.) colo. (graph.) *plat.* (r.) *sep.*
(l.).

— from cervix to fundus of uterus,
and then to right ovary, causing
nausea: sepia.

Stinging pains in: APIS. (r.) bor. bry.
goss. graph. lill-t. (l.) merc. sep.
thu.

Stitches in: AMB. ARS. (r.) BELL. (r.)
bor. brom. *bry.* *bufo.* canth. *colo.* (r.)
carb-an. con. curar. graph. kali-c.
LACH. (l.) LILL-T. *lyc.* merc. (l.)
ovi-gal-p. (l.) sep. staph. thuj. ustl.
Strained, pains as if: *am-m.* apis. (l.)
ARN.

Sudden pain: bell.

Suppuration. See Abscess.

Swelling of (comp. Enlargement):
ananth-m. *alu.* amm-bro. (l.) APIS.
(r.) ARS. (r.) ATROP. (l.) BELL.
BROM. (l.) buboin. (l.) *bufo.* CARB-
AC. (l.) cenchris. collin. colo. (l.)
con. cub. goss. GRAPH. (l.) ham.
IOD. KALI-BRO. (l.), KALI-
IOD. (r.) LACH. (l.) LILL-T. (l.)
nux-m. PALLAD. (r.) staph. syph.
(l.) thu. *ustl.* (l.).

— sensation of: kali-iod. *lill-t.* (l.).

Tearing in: abrot. (l.) *graph.* (r.)
ham. *kali-iod.* (r.) lill-t. (merc.)
pallad. (r.) *plat.* (l.) thu

Tenderness. See Sensitiveness.

Tension in both ovarian regions, as if
a thread were drawn in that direc-
tion: cinnam.

Tensive pain: amm-c. (l.) ant-c. ARS.
cinnam. *colo.* curar. eup-pur. lach.
(l.) medor. (r.) PLAT.

Thread, sensation of a: cinnam. sep.

Trobbing. See Pulsating.

Thrusting pain in. See Cutting.

Tickling sensation in: pru-sep.

AGGRAVATION.

- Tightness (comp. Tensive): *apis*.
 PHOS. (l.).
 Tired sensation in: *pod. rhus-t.*
 Torn sensation in: *bry. (r.)*.
 Transient pains in: *abrot. abs. (r.)*
 bell. (r.).
 Tumor of: *APIS. apocy-c. ARS. bar-c.*
 BAR-M. calc-c. carb-an. colo. con.
 fluor-ac. (r.): GRAPH. hep. iod. kali-
 br. LACH. LYC. merc. PLAT. plb.
 POD. (r.) PSOR. rhus-t. staph. stram.
 syph. thu. znc.
 — encysted, hard: *carb-an.*
 — — soft: *apis.*
 Twinges of pain in: *pic-ac. (l.)*.
 Twisting or wringing: *graph. (r.)*
 kali-iod. (r.).
 Twitching in: *kali-iod. (r.)*
 — — extending to back: *abrot.*
 Uneasiness in: *lyss. (l.)*.
 Vise, as if in a: *colo. (l.)*.
 Vitality, absence of in: *chenop-v.*
 Wedge-like pain from right ovary to
 uterus: *iod.*
 Weight in (comp. Heaviness, etc.):
 APIS. con. carb-v. (r.): fluor-ac.
 kali-c. (l.) lac-def. (l.) lach. lill-t.
 (l.) sep.
 Worrying pain in: *fluor-ac.*
 Wrenched as if: *bry. (r.)*.
- Aggravation.**
- Abortion from: *APIS. colo. ham. lact-*
 ucarium. SABINA.
 Absence of sexual intercourse: *staph.*
 Afternoon: *sep.*
 Alcohol: *nux-v.*
 Anger: *colo.*
 Anxiety, mental: *ars.*
 Bending: *ars.*
 Breathing: *bell. bry. graph. lac-can.*
 lill-t.
 Bruise from: *psor.*
 Change of weather: *ran b. rhod.*
 rhus-t.
 Climacteric: *LACH.*
 Clothes, weight of: *lach.*
 Coition, from: *apis. buboin. (l.) CHIN.*
 plat. pod. syph. (l.).
 Cold: *acon. ars.*
 — dry air: *acon.*
 — taking: *graph.*
 Confinement, after: *LACH.*
 Coughing: *graph.*
 Conversation, animated: *pallad.*
 Daytime: *eupat-pur.*
 Debility: *phos-ac.*
 Drawing in of abdomen: *amb.*
- Emotions: *igt. lach. phos-ac.*
 Evening: *apis. lill-t. lyc. (4-8) pic-ac.*
 — and night: *lill-t. merc.*
 Excitement: *pallad.*
 Exertion: *artem. eupion. lact-ac.*
 lach. ovi-gall-p.
 Food, highly-seasoned: *nux-v.*
 Fright: *aco. lyc.*
 Gonorrhœa: *cub. ham. thu.*
 Heat: *apis. LACH. vesp.*
 Hawking: *graph.*
 Hemorrhage: *chin.*
 Indigestion: *colo. nux-v.*
 Injuries: *arn. con. ham. hyper. psor.*
 Inspiration: *bry. graph. lac-can. lill-t.*
 sep.
 Jarring: *BELL. lill-t.*
 Love, disappointed: *staph.*
 Lying on back: *goss.*
 — — left side: *calc-c.*
 — — right side: *apis. lach.*
 Masturbation: *staph.*
 Menses, beginning of: *apis. bell. coccl.*
 LACH. nux-v.
 — before: *apis. arg-n. brom. goss.*
 graph. kali-n. lac-can. LACH. nat-m.
 naja. nux-v. phos. pod. rhus-t. thu.
 vibur. znc.
 — during: *acon. ant-c. apis. arg-n.*
 atrop. bell. bor. brom. bry. canth.
 cham. cenchris. coccl. collin. colo.
 con. fer-iod. gels. goss. graph. ham.
 iod. kali-c. kali-n. lac-can. lach.
 lill-t. nat-m. pallad. phos. plat.
 pod. rhus. saba. sabin. sars. staph.
 sul. thu. ustl. xanth. znc. znc-val.
 Menses after: *bor. cup. goss. graph.*
 iod. pallad. znc.
 — suppressed: *aco. ant-c. apis. cimi.*
 lach. pul.
 — — by bathing: *ant-c. pul. sulph.*
 Mental agitation: *pallad. phos-ac.*
 Midnight, at: *ars.*
 Mind dwelling on sexual gratifica-
 tion: *staph.*
 Morning: *iod. lach.*
 Motion: *amm-c. (l.) apis. ars. bell.*
 BRY. cenchris. (l.) lac-can. lill-t.
 lach. pallad. therid.
 — of limbs: *ars. med.*
 Music: *pallad.*
 Night: *ars. lill-t. merc. pod. syph. (r.)*.
 Periodically: *ars. chin. cact.*
 Perspiration suppressed: *aco.*
 Pregnancy, during: *ham.*
 Pressure: *amb. apis. guai. ham. kre.*
 lac-def. lach. lill-t. medor. nux-
 mos. onos. sep. staph. therid. ustl.

AGGRAVATION, AMELIORATION, AND CONCOMITANTS.

Pressure of clothes: LACH.
 Raising arms: apis. graph.
 Reading: nat-m.
 Riding: arg-m. thu.
 Sewing-machine, running the: pod. znc.
 Sexual excesses: chin.
 Sexual intercourse: absence of: staph.
 Sleep, after: lach.
 Society, after being out in: pallad.
 Standing: apis. cop. lill-t. medor. pallad.
 Stimulants: nux-v.
 Stooping: apis. lach.
 Stretching or straightening up: apis. colo.
 — — — out limbs: pod.
 Strain from: rhus-t.
 Strangury: canth.
 Touch: alu. ant-c. apis. artem-v. bell. bry. calc-c. canth. CHIN. colo. graph. ham. iod. kali-br. lach. lill-t. pallad. sec-c. ustl.
 Urinating: lyc. nat-m. (sars.).
 Walking: agar. apis. ars. carb-ac. (l.) lac-ac. lach. lill-t. med. onos. ovi-gall-p. pod. thuj. ustl.
 Wet, getting: aco. ant-c. pod. pul.
 — — feet: graph. pul.
 Windy weather: rhod.
 Writing: nat-m.

Amelioration.

Bending double: anm-m. apis. arn. colo. fluor-ac. kali-ph.
 Counter irritation: lill-t.
 Flatus, passage of: pod.
 Holding with hands: lill-t.
 Hot applications: ars. hyper. mag-ph.
 Lying: onos. pallad. thu.
 — on back: kali-ph.
 — — face: medor.
 — — left side: pallad.
 — — right side: apis.
 Menses, free flow of: lach. naj. nux-v.
 — during: thu. znc.
 Motion: iod. rhus-t.
 — of feet: ars. znc.
 Pressure: colo. fluor-ac. lill-t. medor. pod. znc.
 Rubbing: lill-t. pallad.
 Shaking: znc.
 Sitting: lill-t.
 Stretching, cup.
 Urinating: lyc. sep.
 Vaginal discharges: lac-can. lach.
 Walking in open air: naja.
 Warm drinks: colo.

Warm hand over: lill-t.

Concomitants.

Abdomen, bruised soreness in walls of: APIS.
 — pain in: colo. cup-ars. ham. nat-m.
 — sensation of something rolling over in: ovi-gall-p.
 Abortion: APIS. bry. colo. ham. hep. pod.
 Alive, sensation internally: thu.
 Amenorrhœa: alet. ant-c. apis. bar-m. bell. con. helo. ferr. graph. lach. lill-t. phyt. pod. ustl. xanth.
 Anæmia: ferr. ham. kali-permang. PULS. therid.
 Appetite ravenous with emaciation progressing: iod.
 Back, cutting in: arg-n.
 — pain in: arg-n. brom. helo. hep. iod. lill-t. sep. ustl.
 — weakness of: abrot.
 Bearing-down pain: BELL. curar. ferr-ph. ham. iod. lill-t. onos. pallad. plat.
 Bend forward, is compelled to: acon. apis. arn. atrop. COLO.
 Bladder, irritability of: guai.
 — pressure in: carb-v.
 Breast, pain in: lill-t.
 Breasts, engorged: onos.
 — sensitive: ovi-gal-p.
 Breathing, arrest of: canth. fluor-ac. xanth. (r.)
 Bronchitis: lach.
 Burning sensations: ARS.
 Chest, left-side, pain in: apis. pul.
 Chilliness: puls.
 Climaxis: crot-h. helo. LACH. plat. pul. ustl.
 Chlorosis: artem-v. bar-m.
 Choreia: cimi.
 Confinement: bry.
 Coition, aversion to: graph.
 — absence of desire for: kali-br.
 — without pleasure: berb. helo. hep. onos.
 — ungratified: kali-bi. staph.
 Colic: COLO.
 Constipation: ALUMEN. apis. graph.
 Convulsions, hysterical: stram.
 Cough: alumen. apis. naja. phos.
 Despondency: cimi. igt.
 Dizziness: xanth. (r.).
 Dyspnoea: dios.
 Dropsy: APIS. lyc.
 Dysmenorrhœa: acon. apis. cimi. ferr-

CONCOMITANTS.

- ph. guai. ham. tarent. therid. vibur.
 xanth.
 Dysmenorrhœa, membranous: brom.
 cycl. lach.
 Emaciation: iod.
 — from below upwards: abrot. arg-n.
 — — above downward: lyc.
 Epilepsy: atrop. kali-br. LACH. puls.
 Erotomania: coca. hyos. plat. znc.
 Eyes, sensation of soreness in: cimi.
 eupat-p. onos.
 Face, flushing of: ferr.
 Fear: acon.
 Feet, restlessness of: ars. lac-can.
 znc.
 Fever: acon. verat-v.
 Forehead, stitches in: plat.
 Glands, swelling of: brom.
 Gonorrhœa: cop. ham. merc. plat.
 thu.
 — suppressed: canth.
 Hæmophila: crot-h. phos.
 Head, aching of: atrop. ferr-ph. gel.
 xanth.
 — — constrictive: tarent.
 — congestion to: apis. BELL. iodof.
 tuberculin.
 — forehead, supra-orbital pain, left
 side: lac-can.
 — temple, pain in: naj. (l.).
 — vertex, cutting or stitching in:
 arg-n.
 — — pressure in: crot-h.
 Hemorrhage: amm-br. chin.
 Heart symptoms: lill-t. naj.
 — pain about: naj.
 — palpitation: apis. convol. lill-t.
 naj.
 Heat, running into thigh: pod.
 — flashes of: plat. sulph.
 Hold to something, feels that she
 must: SEP.
 Hunger, but little food distresses:
 lyc.
 Hyperæsthesia of senses: therid.
 Hypogastrium, soreness and heavi-
 ness in: helo.
 Hysteria: absin. chenopod-v. cimi.
 ferr-iod. stram. therid. znc-val.
 Iliac region, pain in: thu.
 Inguinal region, drawing in: plat.
 Injuries from: ARN. con. ham. hyperi-
 cum.
 Irritability: cham. nux-v.
 Labor, during: lill-t.
 Leg, pain in: ars.
 Leucorrhœa: iod. lill-t. thu. xanth.
 — excoriating: arg-m. onos.
 Leucorrhœa, offensive: arg-m.
 — profuse: eupion.
 — running down legs: alu. onos.
 SYPH.
 — staining brown: lill-t. ustl.
 — thick, yellow, burning: iod.
 Liver, affections of: pod.
 Lochia, suppressed: verat-v.
 Loins, pain in: arg-m.
 Lungs, sympathetic symptoms in: apis.
 Lying down, necessity to be: thu.
 — on back, pains as if broken when:
 goss.
 — with knees to chin: lac-can.
 Mammæ, atrophy of: iod.
 — heaviness, sense of in: iod.
 — pain in: lill-t.
 — soreness in: lac-can.
 Melancholy: cimi.
 Menorrhagia: alet. crot-h. ham. helo.
 lach. lill-t. plat.
 Menses, after: cup. graph. iod. znc.
 — before: graph.
 — beginning: bell. coccl.
 — irregular: apis. guai.
 — offensive: lach.
 — retarded: xanth.
 — scanty: lach. ovi-gal-p. ustl. xanth.
 — suppressed: acon. cimi. graph. ustl.
 — vicarious: bry. ham.
 Metritis: alu. verat-v.
 Metrorrhagia: apis. arg-n. ars. bell.
 lach. lill-t. ustl.
 Mind, depression of: naja.
 Navel to pelvis, pains extending
 from: pallad.
 Neck, nape of, pains in: cimi. gels.
 onon.
 Nervous symptoms: kali-br. syph.
 vibur. znc-val.
 Numbness of extremities: aco. apis.
 ars. pod. sec-c.
 Nymphomania: ant-c. coca. hedeoma.
 plat.
 Obesity: graph.
 Occiput, pains in: gels.
 Pains wandering: goss. pul.
 Palpitation: cac-gr. lill-t. naj.
 Peritonitis: bell. bry. merc.
 Ptosis: gels. sep.
 Pregnancy: ham.
 Pruritus vulvæ: kali-br. tarent.
 Rectum, prolapsus of: pod.
 Reflex symptoms numerous: plat.
 Respiration, difficult: colo.
 Restlessness: aco. ars. colo. lac-can.
 Rheumatic affections: bry. cimi. guai.
 phyt. rhus-t.

CONCOMITANTS.

Sacrum, pains in: vespa.	Thirstlessness: apis. gels. puls.
Scapulæ, burning between: phos.	Thighs, heat down: pod.
— weakness between: bursa-pas.	— drawing in anterior muscles of: vibur.
Screaming: atrop.	Tired, continually: thu.
Scrofula: bar-m. cimi.	Urine, urging to: sep.
Sexual subjects, mind dwells on: staph.	Urine frequent: apis. ferr-ph. vesp.
Sexual instinct suppressed: coni. lach.	— profuse: apis.
— — diminished: kali-br. onos.	— scanty: apis.
— — excited: coca. plat.	Uterus, bearing down in: ferr-ph.
Septicæmia: ars. CROT-H. lach. pyro- gen. sulph.	— dropsy of: chin.
Side, pain in: kali-ph.	— hemorrhage from: amm-br. chin.
Sighing: ign.	— pain in: pod.
Skin dry: alu. artem-v.	— — spasmodic: phos.
— transparent: apis.	— polypi in: con.
— waxy: ars.	— prolapsus of: arg-m. lill-t.
Spleen, pain in: carb-v.	— weight in: carb-v.
Sterility: bar-m. BELL. brom. canth.	Vagina dry: lyc.
— — — — — coni. eup-pur. helo. iod. plat. phos.	— flatus from: brom. bursa-p.
— — — — — phyt. plb. pul.	— itching in: lill-t.
Strangury: canth.	Vaginismus: ars.
Stretch limbs, desire to: cup. plb.	Vertigo on rising: aco. bry. pho. ver-v. vibur.
Suicide, contemplates: aur.	Vomiting: colo.
Sweat without relief: merc.	Walk, is impelled to: fluor-ac. xanth.
Sycosis: arg-n. thu.	Weakness: ars. dios.
Syphilis: ars. aur. kali-iod. merc. thu.	Wet, getting feet: graph. pul.
Tenesmus recti et vesica: merc.	Worm complaints: saba.

THE IDEAL SANITATION OF A PHYSICIAN'S OFFICE.

[Read before the Pennsylvania State Homœopathic Medical Society.]

BUSHROD W. JAMES, A. M., M. D., PHILADELPHIA, PA.

When an individual enters the medical profession, he or she accepts the responsibilities which a knowledge of all the branches of medicine, even to that of Hygiene and Sanitary Science, demands, his duty being first, to prevent disease if possible; secondly, to try to cure if he cannot prevent it, and thirdly, to cure with the most efficient remedial agents, and as rapidly and safely as it is possible for him to do in the light of advanced medical science.

Every physician should be well instructed in Hygiene and Sanitary Science, and, having this knowledge, he should apply it: first, personally; next, to his residence; then, to his office. The last would seem to be the least important, but to the

physician of our school, where the remedies are usually kept in the office or in a medicine room, in drawers, cases, or closets which are not impervious to dust, smoke, moisture, and odoriferous emanations, the value of excluding as far as possible, or altogether, such objectionable conditions from the corks and mouths of his medicine vials is easily comprehended, for these impurities all contain antidotal or obnoxious qualities and deposits calculated to drop into the medicine contained in the vial when opened.

To a man thoroughly interested in the higher-dilution prescriptions this carelessness would be especially undesirable, and if constantly permitted would certainly upset the value of the remedies prepared on the contact-theory of the higher preparations known as graft preparations, or grafts of pellets mingled with unmedicated pellets in order to gain additional attenuation.

Just here occurs a thought in regard to these higher preparations (some of which are probably twenty, thirty, or fifty years or more, of age), as to whether chemical or other change does not take place in them long before the completion of these periods. Changes of crystallization and deterioration are going on in every department of the organic and inorganic world continually, in the majority of substances, and why should not an alteration result in the very higher preparations, as we find such occurring in the lower attenuations and mother tinctures themselves.

Numerous illustrations of changeable remedies could be given; for instance, Bromine, Iodine, Phosphorus, Spongia, Fluoric Acid, and many of the vegetable tinctures.

Of all of the remedies that are subject to these changes, and at what period after their manufacture for medicinal use these changes occur in some of the remedies, we are as yet quite in the dark, but evidences are frequently apparent that such changes have taken place by the non-action of a remedy when carefully selected on the homœopathic principle, for the simillimum-symptoms in disease.

Sanitarians, therefore, would naturally expect greater care to be exercised from a constant user of these higher preparations,

on account of their greater sensitiveness to antidotal room emanations coming in contact with them when the vials are opened.

It is apparent to every one, therefore, that a homœopathic physician, with proclivities for either the higher or lower preparations of medicinal remedies, should exclude from his medicine-room such toxic agencies as tobacco smoke, furnace smoke, gas, or the dust arising from dusting and beating one's clothing, which probably is quite well filled with street dust, (which when examined by the microscope, or analyzed, is found to contain very many obnoxious forms of foreign particles) with which the air is surcharged, and which he foolishly releases by brushing his clothing in the room where his medicines are kept, thereby doing much possible injury to the triturations and tinctures. The emanations from persons who may have their clothing saturated with foul odors of the stable, or the housing of the doctor's wraps and lap-ropes in the office, in the winter season, through the night, are likewise objectionable, if they have been left in the stable during a portion of the day, or are wet, or have become muddy or saturated with rain or snow, from the muddy boots or shoes soiled from the street defiling them. No such covering should be allowed to remain to dry out overnight or during the day in the medicine-room of the careful homœopathic prescriber.

There are other points that might be greatly elaborated upon, but I will briefly hint at what he should do and what he should not do in regard to his office. He should see that the perishable medicines are removed occasionally as they become inert, and all surgical instruments and appliances are kept strictly clean. He should have the medicine vial lips and corks dusted with a blower occasionally if dust is found to accumulate upon them, or cleaned with individual pieces of fine tissue-paper to be discarded from each vial.

Scientific men find the prevention of dust from settling upon their specimens a great problem to overcome, especially where the collection is made up of delicate or small articles of exhibit, except by expensive dust-excluding cabinet cases. He should keep out, if possible, all these emanations referred

to, and even the odor of plants and flowers like *Mentha-p.*, the *Rosaceæ*, etc., or such articles as *Moschus*, *Asafoetida*, *Valerian*, *Iodoform*, *Coal-tar* or its smoke, *asphaltum* smoke, or the odors and smoke from a garbage-destroyer, or a soap or bone-boiling factory, etc.

His cuspidor should be cleansed daily, and have some clean water with a disinfectant placed in it and kept in sight, so his consumptive cases will not use the rug or carpet. If his patients expectorate therein, especially if they are tubercular or those with sore throat, chronic nasal or other catarrhs, or have dental abscesses or other purulent discharges, it should be cleaned as soon as they leave.

No surgical waste-dressing should remain in the office after the dressing of a case has been attended to.

The carpet should be swept frequently, and specially in muddy weather, as the street droppings of horses and other deleterious material become ground up in the street dirt or mud, and are carried in on the soles and sides of the shoes in wet weather, and this is particularly the case in the larger towns and cities. Frequent cleansing of articles about the office that can be cleaned is requisite. Good disinfection should frequently be resorted to. In fact, everything should be neat, tidy, and clean. The waste-basket should be emptied daily or oftener if surgical dressings or decomposing articles are thrown therein.

Papers, documents, letters, and circulars should be arranged in order upon the desk, or tables supplied therefor, for the pleasing effect on one's friends upon coming in.

The office should be in as good order and show as much tidiness as if the physician were receiving nothing therein but kings and presidents of republics and millionaire merchantmen.

It is sometimes better to please the family of one multi-millionaire in this way than to satisfy untidy people who, on the principle of "misery loves company," are indifferent to his unsightly or unsanitary office arrangements.

THE ORGANON AND MATERIA MEDICA CLUB OF THE BAY CITIES OF CALIFORNIA.

The regular semi-monthly meeting was held at the office of Dr. J. M. Selfridge, Oakland, July 19th, 1895.

Members present were: Drs. J. M. Selfridge, J. E. Lilienthal, W. E. Ledyard, G. J. Auger, George H. Martin, M. T. Wilson, S. E. Chapman, A. McNeil, and C. M. Selfridge. Visitor, Dr. M. F. Underwood.

The meeting was called to order at 8.15 P. M. by the President, Dr. J. M. Selfridge. The minutes of the previous meeting were read by the Secretary, Dr. W. E. Ledyard, and after two slight corrections by Dr. McNeil, were approved as read.

DISCUSSION UPON MINUTES.

Dr. Lilienthal—I would like to ask what was the reason for Dr. Selfridge giving *Tuberculinum* in that case of fibroid?

Dr. J. M. Selfridge—The first suggestion that led me to give it was the tubercular diathesis.

Dr. Lilienthal—Why I ask the question is because an article on "Nosodes" was read at the Institute at Newport. A great many prescribe nosodes because there have been symptoms of syphilis or tuberculosis, etc., before the remedy was given, but without any special evidence at the time that a nosode was indicated. The article read stated these facts. I took the stand that undoubted good results came from this method of prescribing. The nosodes ought to be proved, but if we wait until that is done we would lose many of the cases that might be cured. A great many of the drugs are proved in this way.

There is another point in the minutes that I wish to speak of, and that is in regard to "Hutchinson's teeth." They are not always a sign of syphilis, for we sometimes find them in scrofulous children when there is no syphilis at all.

Dr. McNeil—This may be so, but I have never seen it contested.

Dr. Lilienthal—Another point in regard to children who want to be carried. *Bromium* is another remedy, especially in pulmonary affections. The child wants to be carried very fast.

Dr. Ledyard—Especially in croup I have seen it mentioned.

Dr. Lilienthal—*Gelsemium*, the child is frightened; hence clings to you.

Dr. McNeil—*Cuprum*, there is a delirious fear.

Dr. Chapman—I had a very marked case of a girl four years old who cried constantly, “*Rock the bed, mamma; rock the bed, mamma!*” There was extreme photophobia and horrid irritability; the crossiest child I ever saw. She had measles, combined with an acute bronchial affection.

Dr. McNeil—*Veratrum-album* would be a good remedy for such a case.

Dr. Auger—I should have given *Chamomilla*.

Dr. Chapman—*Chamomilla* hit it instantly.

Dr. J. M. Selfridge—In regard to my case from Berkeley, the woman with the fibroid, I want to state that she was in to see me to-day, and she is improving rapidly all along the line. The spots are pale instead of purple, and the pustules are drying up so that there are only a few left; the backache has gone, and the distress in urinating, frequent urging, is very materially better, and seldom troubles her except when she has been standing on her feet for some time.

Dr. Auger—I wish to ask a question a little outside of the subject under discussion. Has any one succeeded in curing tape-worm by the use of homœopathic remedies alone?

Dr. Lilienthal—I had a case which I can hardly say was a cure. A patient in New York, at the Dispensary, came to me with various symptoms. The patient did not say anything about tape-worm, nor did I suspect that tape-worm was present. I gave *Silicea*³⁰. In a few days the patient returned with a bottle full of tape-worm. I then looked up *Silicea*, and found that it was used for tape-worm.

Dr. Auger—I have a case in Tacoma. A woman who has been given heroic remedies. She wrote her symptoms to me,

stating that portions of the worm, but not the head, had been removed. Her symptoms were great distress from gas in the stomach and abdomen, with a high fever every afternoon and evening; feet and legs cold to the knees; severe headache; rush of blood to the head; dryness of the throat. I worked the case out with Boëninghausen's *Repertory* and Yingling's checking lists, and decided that *Sulphur* was the remedy. I sent her one dose of the 200th and blanks. I advised, also, large drinks of water. I received a letter two days ago in which she stated that nearly all of these symptoms have entirely disappeared. There is some wind still, but yet she is much better. She also stated that she had noticed pieces of the worm on her clothing. I sent blanks again, and am now waiting for the next letter.

Dr. Wilson—Dr. Pease reported a case to me which he had years ago, and which he cured with *Cina*²⁰⁰.

Dr. Ledyard—Referring again to the minutes of the last meeting, I would like to ask Dr. C. M. Selfridge if the symptoms of *Mercurius* were present in the case of constipation which he mentioned?

Dr. C. M. Selfridge—No; not particularly. I gave it to see if I could cure the effects of mercurial poisoning with a high potency of the same drug.

Dr. Ledyard—That is, then, similar to prescribing a nosode.

Dr. McNeil—I had a case of tape-worm in a girl who worked in a French laundry. These laundry girls live high. They have five meals a day, with wine. She ate a great deal; all five meals and another one at night. I told her I thought she had a tape-worm, gave her *Natrum-muriaticum*, and in a few days she brought me links of a worm.

Dr. Auger—Do you think remedies could produce tape-worm?

Dr. McNeil—It is not necessary to take a remedy long enough to find that out, as they come by spontaneous generation, though this is said to be impossible by scientists.

Dr. J. M. Selfridge—While we are talking about tape-worm you know that we have had some little controversy in the

papers over here, and one homœopath replied that when he wanted to kill anything he used allopathic doses.

Dr. Chapman—This exemplifies the fact that we do not need to make a diagnosis in order to prescribe our remedy. Dr. Lilienthal cured his patient by prescribing for the symptoms present.

The President then appointed Dr. Lilienthal reader of the evening, who read from the *Organon*, Sections 223 and 224.

DISCUSSION.

Dr. Martin—This section here simply emphasizes what I stated in regard to the cause of mental symptoms in disease, moral and physical. These sentiments were promulgated over a hundred years ago, and there has not been one new point added to the care of the insane since that time. Hahnemann was the first to advocate non-restraint and kindness and gentleness in the management of these cases. It outlines the whole care in a few words, the moral, mental, and physical care. It is a whole book. It makes us realize more than anything else the greatness of the man whose work we are now studying.

Section 225 was then read.

DISCUSSION.

Dr. Auger—In the minutes just read Dr. Martin is quoted as saying that *Aurum* would always cure where there is a suicidal tendency. A case of mine in which a woman had taken one-half ounce of Carbolic Acid with suicidal intent. She is now in an insane asylum. I used *Aurum* intelligently and homœopathically without any benefit at all. I studied the case very carefully, the patient having been under my care for eleven years. She first had an attack of puerperal insanity eleven years ago, when the baby was three weeks old. She cut her own and the baby's throat. I found the bed saturated with blood. The baby died, but the mother regained her mind and was well physically for eight or ten years after. Less than a year ago she was confined again, and in about three weeks attempted to take her life. *Pulsatilla* improved at times. I

thought *Aurum* would cure her, but she is now hopelessly insane and will probably die. My experience shows that *Aurum* will not always cure where there is a suicidal tendency.

Dr. J. M. Selfridge—Some cases cannot be cured.

Dr. Lilienthal—Dr. Martin did not mean that *Aurum* will cure every case. There are other remedies with a suicidal tendency. As regards Dr. Auger's case, I think there must be some hereditary taint. Puerperal insanity is not infrequent, but it is the most readily cured of any form of insanity, and the patients usually remain well after an attack.

Dr. Auger—I think I can safely say that there is an hereditary taint in this case. Her mother died of epilepsy, and I attended her in her last illness. The father of my patient committed suicide.

Dr. Martin—In defense of the statement I made in regard to *Aurum* I will say that it will only cure where it is indicated, and the one symptom of suicidal tendency will not be enough. All of the symptoms of the patient must be taken into consideration. All cases are not curable. I wish to cite a case of puerperal mania that occurred in my practice. I confined a woman twelve years ago in Honolulu with her first child. She then had an attack of mania which lasted about three weeks. Two years later she was confined again, and had mania for about two months. Three years later was confined again, with an attack of mania lasting for about a year and a half. Two years after another child was born, with another attack of mania from which she has never recovered. Six months ago she had another child. She is now in Stockton suffering from paranoia. This shows how one form of insanity may run into another. In this case there is a deep-seated brain lesion, as there always is in paranoia.

Dr. McNeil—In suicidal tendency Dr. Talcott makes this distinction between *Aurum* and *Arsenicum*: The *Aurum* patient is sly; the *Arsenicum* patient is wild. Gallavardin, of Lyons, France, in an article on Alcoholism, says of the suicidal tendency that when they want to commit suicide by drowning, *Silicea* and *Pulsatilla* are the remedies. When they want to

commit suicide by throwing themselves from a height, *Belladonna* is the remedy. There are other remedies for desire to commit suicide by poisoning. *Aurum* is only one of the remedies for suicidal tendencies.

Dr. Chapman—What form of suicide has *Aurum*?

Dr. McNeil—The patient is sly. I think they are not confined to any one method of suicide.

Dr. Lilienthal—These distinctions are very nice, but I doubt if they would work in practice. A person out of his mind does not tell you when he is going to kill himself. They will do it as opportunity offers. As a rule the people who threaten to commit suicide do not do it. Sometimes they do. Under the impulse of the moment, if the opportunity comes, they may do it. This tendency is due to a cloud which seems to hover over them.

Dr. Ledyard—As I understand, it is not that they *threaten* to do it by this way or that, but each in the way to which there is a tendency, if the opportunity offers, they avail themselves of whatever means may be at hand or what may be suggested to them—one to throw himself from a height, as *Aurum*; another by drowning, *Sil.* or *Puls.*, etc. *Alumina*, if he sees anything suggestive, as a knife, scissors, etc., he then has a desire for suicide.

Dr. Chapman—I differ from Dr. Lilienthal as regards patients talking about committing suicide and not doing it. I think they are very likely to talk of what is uppermost in their minds.

Dr. Lilienthal—There are other symptoms, such as delusions, hallucinations, etc., that would lead you to know that they meant what they said.

Dr. Martin—That is just the point. As Dr. Lilienthal says, the suicidal tendency is only a symptom. As Dr. Ledyard says, they will take whatever means may be at hand. A patient of my own a short time ago, when passing through the kitchen, saw the bread-knife lying on the table, took it up, and would have cut her throat if she had not been prevented. She had never manifested any suicidal tendency before.

Section 226 was then read.

DISCUSSION.

Dr. Martin—Whenever delusions are present in an insane patient, and they say they are going to kill themselves, always look out for them, for they may do it. The hysterical patient will talk about it when they have no idea of doing it. Sometimes they may do it, but it is rare. I once had an hysterical patient who often threatened to take a dose of Morphine to end her life. She took an over-dose at one time, but was rescued in time to prevent her death.

Dr. J. M. Selfridge—I knew a case of a man, a Frenchman, who was in the habit of getting drunk. Whenever that occurred his wife would thrash him, until one day he said that if she ever thrashed him again he would kill himself. She did thrash him after another of his sprees, which sobered him up, and feeling so chagrined on account of the thrashing, he took some crystals of Strychnine mixed with some whisky, drank it, and was dead in twenty minutes.

Sections 227 and 228 were next read.

DISCUSSION.

Dr. Lilienthal—I suppose there are occasions when a certain amount of force is necessary in order to get the patient to take medicine. An insane patient often has a certain fear, as of being poisoned, etc., and may refuse all food and drink. By getting control of them they may be made to take the medicine. You must get them to bed, and sometimes are obliged to fasten them down, but it can be done gently.

Dr. Martin—That can be done, and not go beyond the instructions laid down in these paragraphs, which mean that you must not use too much force; not by straps, bars, shackles, etc. Hahnemann is here railing against the brutality practiced in the English and German asylums of that day. A case of a young woman under my care, suffering from melancholia with suicidal and homicidal tendencies, three years ago. She would not take medicine, food, or water, except when she got it herself, as she was afraid of being poisoned. Therefore, I could not give her medicine without using force, and that I did not

wish to do, as it would aggravate her condition and throw her into a worse state. I concluded that it was best to manage the case by keeping her quiet, and allowing her to get as much rest as possible. She lived in a flat with her parents, and a close watch was kept upon her without her being aware of it. She was not allowed to go out of the house, and in this way she obtained a great deal of rest, and in four weeks' time was much better without any medicine whatever. As soon as she would take medicine Hyoscyamus was given her, as it was the indicated remedy, and she continued to improve until in about two months she was perfectly well. There are two points illustrated by this case: first, that you have to manage these patients, and, second, that they are often benefited greatly by quiet and rest, and are more easily managed after.

Dr. Lilienthal—This recalls a conversation which I had with Dr. Talcott. He believes in rest. Patients suffering from an acute attack of insanity he puts to bed at once. He uses a restraining sheet, which is enough to keep them in bed without injuring them.

Sections 229-231 were then read.

DISCUSSION.

Dr. McNeil—This condition of alternating diseases is of great importance, and is illustrated by a case which I cited a few weeks ago, of alternating colic and ulcer of the leg. When we take the totality of the symptoms we have to take both of these conditions into consideration. The totality will comprehend all of the aches and pains.

Dr. J. M. Selfridge—There is one point here. Hahnemann speaks of the alternation of anti-psoric and anti-syphilitic remedies. He does not mean by that what is usually meant by the alternation of remedies. He means that you give one remedy for a certain length of time, and then later another remedy, if the symptoms have not all disappeared, for another period of time, returning again to the first remedy, if it is necessary.

Dr. Lilienthal—I may be mistaken ; but I understand that

Hahnemann meant that he had to "zigzag" his way along, giving one remedy for a certain set of symptoms for awhile, and then another remedy for another set of symptoms.

Dr. McNeil—He does not mean what is usually meant by alternation. He has been severely criticised for alternating *Aconite* and *Coffea*, but he states the *Aconite* condition when *Aconite* is to be given, and the *Coffea* condition when *Coffea* is to be given.

Sections 233 and 234 were next read.

DISCUSSION.

Dr. Ledyard—Are we to infer that he gives a solution of *Cinchona* in all intermittents?

Dr. McNeil—He uses it merely as an intercurrent remedy. The other remedies meet all the symptoms except the intermittent. Guernsey also speaks of this.

Section 235 was then read.

DISCUSSION.

Dr. McNeil—I begin to feel that I am in my native heath. I have had a great deal of experience in intermittents. I spent a good many years in the valley of the Ohio. I have lived in these diseases. Any young man can make a reputation in handling intermittents that he could not in any other way. Quinine is unnecessary. The homœopathic remedies will be enough. The epidemic character of intermittents is spoken of. You will find one or two epidemic remedies. If there are more than one they are complimentary remedies. I have cured hundreds of cases without seeing my patient. Some could not even give an account of themselves. I did nothing but followed Hahnemann's advice. Arsenic cured one after another. In a recent case, if the remedy is given soon after an attack, there will not be another. If the case is of long standing, and Quinine has been given, it will take longer to cure. A homœopathic dose will do the work a great deal better than Quinine. We must watch the epidemic character of the disease. For a year I used *Natrum-muriaticum* with perfect success. I had one patient who would not get well. There were fever-blisters, aching

pains, thirst, etc. I studied the case up in Bœnninghausen's *Intermittent*, and found that *Natrum-muriaticum* was not the only remedy for fever-blisters. *Rhus-tox.* was also mentioned. There is a striking resemblance between these two remedies. Both have fever-blisters, aching pains, thirst, etc., but *Natrum-mur.* has not the relief from motion that *Rhus-tox.* has.

Dr. J. M. Selfridge—I do not entirely agree with Dr. McNeil. *Quinine* is often the indicated remedy as well as *Rhus-tox.* or *Natrum-mur.* I had a case of a boss plumber who worked in a San Francisco basement where there were foul emanations. His was a perfect picture of marsh ague: chill, fever, perspiration in alternation, every other day. One prescription of *Quinine*²⁰⁰ cured him. I did not repeat the dose, but gave blanks.

Dr. McNeil—I did not think that any one would misunderstand me. What I object to is the 6, 15, and 20-gr. doses of *Quinine*.

Upon motion of Dr. McNeil, seconded by Dr. Martin, the meeting then adjourned to meet the first Friday in August at the office of Dr. George H. Martin, 921 Polk Street, San Francisco, when the reading of *The Organon* would be commenced on Section 236.

Reported by Eleanor F. Martin, M. D.

W. E. LEDYARD, *Secretary*.

DR. PEASE'S CASE, REPORTED IN OCTOBER NUMBER.

I am pleased to say that our patient, Miss M. K., reported in the October number of *THE HOMŒOPATHIC PHYSICIAN*, at page 458, is now a buxom miss of healthy and womanly appearance; has had no illness since last year, and has fully recovered the use of her limbs and mental powers; functions are normal, and she is rapidly developing into womanhood.

F. O. PEASE, M. D.,

103 State Street, Chicago.

OCTOBER 2d, 1895.

A REMARKABLE CASE OF ABSTINENCE.

The following case occurred in the practice of Dr. Willan (England) in the year 1795 :

“A young man of a studious and melancholic disposition, with a tendency to religious fanaticism, suffering from dyspepsia, decided to abstain from all food. He secluded himself from all friends and relatives, taking only from one-half to one pint of water, flavored with orange-juice, daily, and persisted in this course for fifty-one days. He had undertaken during his fast to copy the Bible in shorthand, which he did up to the second chapter of Kings. During the succeeding ten days to the fifty-first day of fasting his strength failed rapidly ; he was no longer able to rise from bed and his friends found him out. He was placed under Dr. Willan on the sixty-first day, who found him terribly emaciated, the abdomen concave from collapse of intestines, and his mind had become imbecile. The following diet was prescribed : One pint of milk for breakfast ; one pint of mutton-broth, boiled with barley, for dinner, and one pint of rice-milk for supper.

“For the first few days he improved, and stated that the desire for food, which was very troublesome during the commencement of his fast, ceased after the third day ; but on the fifth day from the commencement of the diet prescribed he became sleepless and restless. On the sixth day delirium and mania ensued ; pulse 120 ; hot skin ; rigor. Delirium and insomnia continued ; pulse smaller and feebler, with increasing emaciation until the eleventh day from commencing food and the seventy-second day from that of abstinence, when he died.”

Remarks :

“When the mind is set on the accomplishment of such a fast, especially under the influence of religious mania, it greatly aids the powers of enduring vitality.”

“The quantity of food prescribed for a person who had fasted sixty days was excessive and would necessarily preclude all chance of his recovery.”

SYMPTOMS FROM MORPHINE.

RUFUS L. THURSTON, M. D., BOSTON, MASS.

The following symptoms were developed in a woman who took one grain of Morphine for sleeplessness :

Widow, aet. twenty-six years, red hair, spare, a tall, nervous temperament. Slept soundly all night after taking the drug, but the symptoms began the next morning on waking and continued for about four days.

Mind.—Irritable ; wants to be alone.

Head.—Dull pain ; brain feels tense, as though wound up tightly ; vertigo, *from least motion of head* (two days).

Eyes.—Sight dim, “blurred.”

Stomach.—Vomiting of bitter, greenish water.

Abdomen.—Distended.

Extremities.—Wandering sharp pains in legs and feet ; numbness of legs and feet, with falling on attempting to stand.

Generalities.—Purple spots on body ; chills with rigors ; sudden attacks of fainting (several times daily for four days).

VOMITING OF FLUIDS, BUT NOT OF SOLIDS.

JAMAICA PLAIN, MASS., October 29th, 1895.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN :

In the course of your article on *Ars-alb.*, in October HOMŒOPATHIC PHYSICIAN, you give Bapt. as having “vomiting of fluids but not of solids.” As I have always connected that symptom with Bismuth and never with Bapt., I thought it might have been a slip of the pen with you. I have verified it as regards Bismuth.

Very truly yours,

A. H. TOMPKINS.

[Dr. Tompkins is, most likely, right in this matter. A more careful examination of the notes from which the symptom was taken shows that it was not given by Dr. Adolph Lippe at all, but came to the Editor through conversation with Dr. Lippe’s son, Constantine. The Editor may have misunderstood what

Dr. Constantine Lippe said, for while an inspection of several books of materia medica does not show the symptom as stated under either remedy, yet as the symptoms are given in the books the testimony is in favor of Bismuth.—EDITOR.]

JAMAICA PLAIN, Mass., Nov. 2d, 1895.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN :

Your favor of October 31st is received. In regard to the Bismuth symptoms of *vomiting fluids and retaining solids*, I have been as unsuccessful as yourself in finding it in any materia medica. The nearest to it is the "vomiting all fluids," in Hering's *Condensed*, third edition, p. 199, as this implies that fluids are differently treated by the stomach than solids. However, I remember having been given this by my professor of materia medica twenty years ago, and I am sure I have come upon it in my reading of homœopathic literature many times since. Yes, I find it in Bell's *Therapeutics of Diarrhœa*, third edition, p. 34: "Vomits water only; food is retained." Liquid food could hardly be retained, of course, if taken at the same time with the water.

I remember a very difficult case of colic and vomiting in an infant, which Bismuth enabled me to cure, and in which the vomiting of the whey with retention of the curds of the milk caused me to study and finally prescribe this remedy.

Having found so much in Dr. Bell's book, I turned to see what it said about Bapt., but found nothing to hint at special intolerance of water or fluids. On the contrary, the discrimination, such as it is, seems to be in favor of fluids under Bapt. Bell says (and Hering's *Condensed* has it in nearly the same words): "Child can take nothing but liquids; the slightest amount of solid food causes gagging."

So, it would seem that clinical experience, at least, gives Bismuth a right to be used when the stomach rejects fluids and retains solids, if other symptoms conspire to indicate it, while Baptisia has no voucher hitherto in our literature for such a characteristic.

Very truly yours,

A. H. TOMPKINS.

IN MEMORIAM—DR. GUY A. T. LINCOLN.

It is with regret and mortification that the Editor finds that a capital mistake was made in the name of the late Dr. Lincoln, in the obituary notice of him in the November number, at page 506. The corrected name appears at the head of this article. It may also be remarked that the second member of the committee was Dr. R. L. Thurston, and not Thornton, as printed.

TENDON GRAFTING.

SAMUEL E. MILLIKEN, M. D., NEW YORK.

Surgeon-in-Chief of the New York Infirmary for Crippled Children; Surgeon to the Infants' and Children's Hospitals.

At the meeting of the New York State Medical Association, October 15th, 1895 (*Med. Rec.*, October 26th), Dr. Milliken presented a boy eleven years of age, upon whom, twenty months before, he had successfully grafted part of the extensor tendon of the great toe into the tendon of the tibialis anticus muscle, the latter having been paralyzed since the child was eighteen months old.

The case which was presented showed the advantages of only taking part of the tendon of a healthy muscle, which was made to carry on the function of its paralyzed associate, without in any way interfering with its own work.

The brace, which had been worn since two years of age, was left off, the patient walked without a limp, the talipes valgus was entirely corrected and the boy had become quite an expert on roller skates.

Dr. Milliken predicts a great field for tendon grafting in these otherwise hopeless cases of infantile paralysis who heretofore have been doomed to the wearing of braces all their lives.

640 MADISON AVENUE, NEW YORK.

CARLETON'S GENITO-URINARY AND VENEREAL DISEASES.

497 FIFTH AVE., NEW YORK, October 15th, 1895.

THE HOMŒOPATHIC PHYSICIAN, Philadelphia, Pa. :

We are to-day in receipt of *THE HOMŒOPATHIC PHYSICIAN* for September, with the review of *Carleton's Genito-Urinary and Venereal Diseases* therein. We think that the review was very superficial, and what is printed is very misleading to the profession. We desire to set you right in the matter, and hope you will give your readers the benefit of the same. It states, "in speaking of the treatment of gonorrhœa in the male, lists of remedies are given, but no indications of them." We desire to call your attention to page 64 of said book, and following pages up to page 70, inclusive. These pages contain nothing but the indications of homœopathic remedies in gonorrhœa. Said review states, "referring to chancroids, the indications for homœopathic remedies are absent." For this subject, we beg to call your attention to the bottom of page 211, where reference is made for special indications in chancroids to pages 26 to 33, which contains nothing but indications for homœopathic remedies. Again, concerning syphilis, we desire to call your attention to pages 295 to 300, which contain nothing but the indications of homœopathic remedies for syphilis.

Believing that it was not your intent to mislead the physicians as to the contents of the book or its merits, we have, at the suggestion of the author, called your attention to these matters mentioned above, and trust you will make some little mention in your journal giving these facts. It is the plan of a book, after every heading of disease or ailment to follow the same with a chapter, giving a special therapy of homœopathic remedies, which it is evident that your critic has overlooked.

We remain,

Yours very truly,

BOERICKE, RUNYON & ERNESTY.

[The above statement concerning Dr. Carleton's book is per-

fectly accurate, and THE HOMŒOPATHIC PHYSICIAN stands corrected. We publish the correction with pleasure, as we have no idea of being unjust to any one.—ED.]

HEADACHE OF SEVERAL YEARS' STANDING CURED BY NATRUM-MURIATICUM.

JOSEPH T. O'CONNOR, M. D., NEW YORK.

On September 22d, 1893, Mrs. M. came to me at the instance of Dr. Joseph Schmitz, of this city. She complained of headache that had begun several years ago and has been recurring with increasing frequency, so that now it comes at least once a week, and as it keeps her away from business for two and sometimes three days at a time it is making serious inroads upon her financial status.

The pain is in the occiput and left temple, but when it is very bad there is pain all over the body with inability to move, even the fingers, at which time there is a crushing pain in the joints.

She sweats very easily and any exposure to the air then brings on an attack of headache. During the headache, light aggravates very much, but by covering up the head and causing it to perspire she gets a little relief. Any jar or noise or talking aggravates. Appetite is good; bowels in good condition; circulation good; has cramps in the legs at night frequently. Belladonna was given. In a week she returned with the statement that she was better at first but that the headache had occurred every other day. On this hint I inquired about her earlier history, and found that she had been brought up in a malarial district and that for years she, with the rest of her family, had been dependent upon Quinine to keep down the "chills." Prescribed Natrum-mur.³⁰, two doses, with placebo. She never had another headache and the cure has remained permanent. Her greatest astonishment is that she should have been cured of such a long lasting trouble that all allopathic measures failed to influence, by two sets of little powders.

HYPERICUM FOR CONVULSIONS.

A. S. IRONSIDE, M. D., CAMDEN, NEW JERSEY.

Mr. R—— called at the office at 12.15 A. M. July 10th, and stated that his nephew, four years old, was lying in convulsions. During the evening the boy, while playing with the other children, was running around a table and struck the right parietal region of his head upon the corner. He cried for some time, but was finally quieted and was apparently well the remainder of the evening.

At 11.15 P. M. the same night Mrs. R—— was awakened by a strange noise in her room, and upon going to the injured boy's bed found him in convulsions. The family waited until 12 P. M. thinking the struggling would stop, but this did not occur.

I sent *Hypericum*^{cm}, a powder to be dissolved in a few teaspoonfuls of water and a few drops to be given every ten minutes until convulsions stopped.

At 12.40 A. M. the first dose was given, the child being yet in violent spasms. Before the time for the second dose the eyes became straight and the lids closed. By one o'clock the little fellow was comfortable. In the morning he appeared to be in usual health and remains so.

“IT DO MOVE.”—The London *Lancet*, anent Homœopathy, and in answer to a correspondent, says :

“The homœopaths isolate themselves by adopting an exclusive theory of medicine, which, after a hundred years and in the broadest age of medicine, is as far off recognition as it ever was.”

About four hundred years ago, more or less, a certain gentleman announced that the earth revolved around the sun. The high priests of orthodoxy were scandalized at this “exclusive” and heretical theory. And that theory “is as far off recognition to-day as it ever was” in the mind of the Rev. John Jasper, African minister of the gospel, who insists of the sun

that "it do move." This is undoubtedly "the broadest age of medicine" that ever was; it is so broad that it embraces in its fold every notion conceived in the medical brain—from "serum" to blood-letting—but it cannot take in the truth. May it not be possible that the "broadness" on which men so plume themselves is, after all, something not worth bragging about? Something that no one need be proud of? Is not the true way *in everything* straight and rather narrow? A man's mind may be so broad as to take in hundreds of solutions to the problem, $2 \times 2 = ?$, but for all that there is but one correct solution. Truth is of necessity exclusive, excluding everything that is in conflict with itself.—*Homœopathic Envoy*.

REMINISCENCES OF DR. MAHLON PRESTON.

Many and varied have been the tributes to departed worth that have followed the passing away of Dr. Mahlon Preston, and trusting that yet another may seem neither unseasonable nor inappropriate, we seek to lay it within the same consecrated shrine. He was, without doubt, the pioneer of the homœopathic system of medicine in this locality. Others had preceded him, but confronted, as they were, by a strong tide of prejudice and opposition at every turn, their courage failed.

Dr. Preston was "made of sterner stuff." Believing that "he is thrice armed who hath his quarrel just," and conscientiously convinced of the justice of his cause, no consideration of fortune, fear, or favor could swerve him from his purpose, until, in an incredibly short space of time, his indomitable perseverance and skill as a practitioner had won for him a lucrative position in the midst of some of the most intelligent and influential members of our community.

Among his patrons, whether of high or low degree, his sympathetic and gentlemanly bearing inspired confidence, and the sad faces of those who had come to gaze for the last time upon all that was mortal of Dr. Preston told that they realized the loss, not only of a kind and skillful physician, but a tried and true friend.

In the zenith of his usefulness he hath been summoned to "the higher life," and the question naturally arises, "Why is this?" But the world is full of such wherefores, and turning from them, let us hope that his superior foresight and judgment having chosen his own successor, that fact may contribute largely, as no doubt it will, in aiding the establishment for that successor of the esteem and confidence amongst us which the subject of this notice once enjoyed. L. W. H., NORRISTOWN, PA.

—*Norristown Daily Herald, Monday, November 11th, 1895.*

[A word here concerning Dr. Preston's successor, Dr. Charles T. Shinn, referred to in the above article, will hardly be out of place.

Dr. Shinn graduated from Hahnemann Medical College, of Philadelphia, five years ago. He was resident physician of Hahnemann Hospital and is a strict follower of that brilliant man, Samuel Hahnemann, who has given to the world the true healing art. Dr. Shinn does not consider that he can fill Dr. Preston's place, for it takes years of applied study pursued with the remarkable industry and singleness of purpose that distinguished Dr. Preston, to equal his signal ability as a prescriber. But by patience and perseverance he hopes to worthily maintain the reputation for Homœopathy as a reliable system of healing the sick, established by his lamented predecessor.

EDITOR.]

BOOK NOTICES.

MATERIA MEDICA AND THERAPEUTICS. A Practical Treatise with Especial Reference to the Clinical Application of Drugs. By John V. Shoemaker, A. M., M. D., LL. D., Professor of Materia Medica, Pharmacology, Therapeutics, and Clinical Medicine, and Clinical Professor of Diseases of the Skin in the Medico-Chirurgical College of Philadelphia; Physician to the Medico-Chirurgical Hospital, Philadelphia, etc., etc. Third edition, thoroughly revised. Reset with new type and printed from new electrotype plates. Royal octavo, pages ix, 1108. Extra cloth, \$5.00 net; sheep, \$5.75 net. Philadel-

phia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

Twice before has this excellent book been reviewed in the pages of THE HOMŒOPATHIC PHYSICIAN.

The first edition was brought to the attention of our readers in 1891 in the June number, at page 263. The second edition was noticed in the number for August, 1893, at page 445. In both editions thus noticed it appeared as the second volume of a work of which the first volume was devoted to Pharmacy, Pharmacology, and such therapeutic agents as are not properly classed with drugs. In this third edition it has been published as one volume.

It has been expanded, too, from 680 pages to 1,100. This was necessary by reason of the great increase in the number of new drugs brought before the profession in the last two years, and by reason of incorporating in this volume so many of the chapters that in the first and second editions were kept apart in a separate volume.

Therefore the student loses nothing by having this third edition, since, as above stated, the main points of the former first volume are incorporated with the second, thus making one compact and highly instructive volume.

In the matter of an index it is richly furnished. We find, first, a table of contents by chapters; secondly, an alphabetical table of doses in which the old school dosage of every drug mentioned in the book is given. This occupies seven pages; thirdly, an alphabetical general index of fourteen pages; and fourthly, an alphabetically-arranged clinical index of twenty-three pages. Thus its value is to be rated as in the highest degree a book of reference by reason of these copious indexes.

Like every other *materia medica*, it gives the name and origin of the drug, its pharmacology, physiology, and therapeutics.

The drugs are arranged in alphabetical order for instant reference, and, as stated in the preface, they include many recent additions, such as acetanilid antipyrin, the creosote derivatives, hydrogen dioxide (though they have seemingly overlooked its concentrated form, the *hydrozone* of Mr. Charles Marchand, so often noticed in this journal), salophen, trional, dermatol, and many others.

"Serum therapy," especially for diphtheria, is also noticed quite elaborately.

It will thus be seen that this work is a veritable encyclopedia and is brought down to the present date.

While no homeopathic physician can make use of it for prescriptions, yet it gives him much valuable information that should be well known by all educated physicians.

PRACTICAL URANALYSIS AND URINARY DIAGNOSIS: A Manual for the Use of Physicians, Surgeons, and Students.
By Charles W. Purdy, M. D., Queen's University; Fellow of the Royal College of Physicians and Surgeons, Kingston; Professor of Urology and Urinary Diagnosis at the Chicago

Post-Graduate Medical School. Author of *Bright's Disease and Allied Affections of the Kidneys*; also of *Diabetes: Its Causes, Symptoms, and Treatment*. Second revised edition. With numerous illustrations, including photo-engravings and colored plates. In one crown octavo volume, 360 pages, in extra cloth, \$2.50 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

This book has been reviewed before. In the August number of this journal, at page 384, a full review of it was given, to which the reader is referred. That was its first issue. The volume now before us is the *second* edition. Thus there have been two editions within a year. Surely no better recommendation of it could be given than this simple announcement that a second edition has come out within a year. What was said in our previous review is equally applicable to the present volume, and we cordially recommend it to the profession.

ESSENTIALS OF HOMŒOPATHIC THERAPEUTICS, being a Quiz Compend upon the application of homœopathic remedies to diseased states. A companion to the *Essentials of Homœopathic Materia Medica*. Arranged and compiled especially for the use of students of medicine by W. A. Dewey, M. D. Philadelphia: Bœricke & Tafel, 1011 Arch Street, 1895. Price, cloth, \$1.50; by mail, \$1.58; half morocco, \$1.75; by mail, \$1.83.

As stated above, Dr. Dewey has compiled a previous handy volume entitled *Essentials of Homœopathic Materia Medica*, which was reviewed in this journal for April, 1894, at page 125, to which the reader is referred. The volume now under notice is a companion to it, and contains the names of the diseases, arranged in alphabetical order, with questions upon the most suitable remedies for these disorders and the indications electing them. Of course, every question is followed by an answer, and the student who will resolutely memorize the contents of this book will find himself possessed of a very fair knowledge of the universal application of drugs to diseases with which to begin practice. Upon this foundation he can then begin to rear an elaborate superstructure of materia medica, which, sooner or later, will bring him to the front as a first-class physician.

It cannot be too strongly impressed upon the student that, as is so forcibly said in the preface, "one of the grand cardinal features of Homœopathy, and one little understood by the allopathic school, is the fact that any drug in the entire homœopathic materia medica may be a remedy in any diseased state." This feature is, we think, but indifferently understood by the majority of our own school, and it cannot too often be dwelt upon by all who assume to teach the principles of Hahnemann.

PHYSICIANS' VISITING LIST FOR 1896: Lindsay & Blakiston.

This well-known Visiting List, published annually for forty-five years, presents several improvements in the new edition for 1896.

More space has been allowed for writing the names and to the "Memoranda Page;" a column has been added for the "Amount" of the weekly visits and a column for the "Ledger Page."

To do this without increasing the bulk or price, the reading matter and memoranda pages have been rearranged and simplified.

The lists for 75 patients and 100 patients will also have special memoranda page as above, and hereafter will come in two volumes only, dated January to June and July to December. While this makes a book better suited to the pocket, the chief advantage is that it does away with the risk of losing the accounts of a whole year should the book be mislaid.

The publishers announce that before making these changes they have personally consulted a number of physicians who have used the book for many years, and have taken into consideration many suggestions made in letters from all parts of the country.

No Visiting List has been used to such an extent or for so long a time as this. There is none better suited to the work of the general physician in keeping easily and systematically his business accounts and memoranda.

CLIMATE AND HEALTH. Edited under the direction of Prof. Willis L. Moore, Chief of Weather Bureau, by W. F. R. Phillips, M. D. No. 2. A Summary of Statistics for the five weeks ended August 31st, 1895: Washington Weather Bureau, U. S. Department of Agriculture, 1895.

The first number of this journal has been already noticed in the November number of *THE HOMŒOPATHIC PHYSICIAN* at page 532. It is published monthly, and, quoting from the introduction, "the number of weeks' statistics in the different issues will be arranged so that the fifty-two weeks of the year will be contained in the twelve numbers. The endeavor will be made to have each issue appear as soon as practicable after the termination of the last period considered in it. The statistics are compiled by the calendar week, and are arranged in the following order: Text, climatological tables, morbidity, and mortality tables. The weeks follow each other in chronological order. The charts are, for convenience of printing and binding, placed after the text and tables of the last week and arranged in chronological order."

TRANSACTIONS OF THE FORTY-SEVENTH SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY. Fiftieth anniversary held at Denver, Col., June 14th to 20th, 1894. Edited under the direction of the Committee of Publication by Pemberton Dudley, M. D., General Secretary. Philadelphia: Sherman & Co., Printers, Seventh and Cherry Streets, 1894.

This large volume was issued at the beginning of the year, and should have been noticed in these pages at that time. The press of other affairs has delayed the notice until now. It would be impossible to give a proper review of the book, and so no more than a notice of it can be attempted. It is graced with a poem by Dr. William Tod Helmuth, of New York, the poet surgeon of the homœopathic school, and one also by Dr. T. P. Wilson, of Cleveland. Of the papers it is impossible to say anything because of the number and extent of them. The best way to gain an insight into so extensive a work is to procure a copy from the General Secretary.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF
THE STATE OF NEW YORK FOR THE YEAR 1894. Volume
XXIX. Edited by the Secretary, John L. Moffat, M. D.,
Brooklyn, N. Y.

This volume is, as stated on the title-page, the twenty-ninth annual report of this well-known and influential society. It makes a volume of over four hundred pages, full of interesting and valuable papers, the number of which is too great to catalogue in this notice, much less to discuss. Copies may be obtained of the Secretary, Dr. John^rL. Moffat, 17 Schermerhorn^rSt., Brooklyn, N. Y.

THE SCIENTIFIC AMERICAN.

This unrivalled periodical, now in its fiftieth year, continues to maintain its high reputation for excellence, and enjoys the largest circulation ever attained by any scientific publication. Every number contains sixteen large pages, beautifully printed, elegantly illustrated; it presents in popular style a descriptive record of the most novel, interesting, and important advances in all the principal departments of science and the useful arts, embracing biology, geology, mineralogy, natural history, geography, archæology, astronomy, chemistry, electricity, light, heat, mechanical engineering, steam and railway engineering, mining, ship-building, marine engineering, photography, technology, manufacturing industries, sanitary engineering, agriculture, horticulture, domestic economy, biography, medicine, etc. A vast amount of fresh and valuable information pertaining to these and allied subjects is given, the whole profusely illustrated with engravings.

THE INTERNATIONAL MEDICAL ANNUAL FOR 1896.

E. B. Treat, Publisher, New York, has in press for early publication the 1896 *International Medical Annual*, being the fourteenth yearly issue of this eminently useful work. Since the first issue of this one volume reference work, each year has witnessed marked improvements; and the prospectus of the forthcoming volume gives promise that it will surpass any of its predecessors. It will be the conjoint authorship of forty distinguished Specialists, selected from the most eminent Physicians and Surgeons of America, England, and the Continent. It will contain reports of the progress of Medical Science at home and abroad, together with a large number of original articles and

reviews on subjects with which the several authors are especially associated. In short, the design of the book is, while not neglecting the Specialist, to bring the General Practitioner into direct communication with those who are advancing the Science of Medicine, so he may be furnished with all that is worthy of preservation, as reliable aids in his daily work. Illustrations in black and colors will be consistently used wherever helpful in elucidating the text. Altogether it makes a most useful, if not absolutely indispensable, investment for the Medical Practitioner. The price will remain the same as previous issues, \$2.75.

NOTES AND NOTICES.

LIPPE.—On November 18th, 1895, at 7.30 A. M., at her residence, 301 D Street, Northwest, Washington, D. C., Georgeanna Lippe, widow of Dr. Constantine Lippe, of New York.

Funeral on Wednesday afternoon, at two o'clock, from her late residence.—*The Evening Star, Washington, Tuesday, November 19th, 1895.*

DUNHAM MEDICAL COLLEGE, on Wood Street, between Polk and York Streets, opposite Cook County Hospital, Chicago, was dedicated Thursday, November 14th.

The new college has the following faculty:

Theory and Practice—Temple S. Hoyne, A. M., M. D., S. Mills Fowler, M. D., Eugene W. Sawyer, M. D., H. W. Pierson, B. S., M. D., Stella E. Jacobi, M. D., J. B. S. King, M. D., R. M. Barrows, M. S., M. D., Mary Florence Taft, M. D., F. H. Lockwood, M. D., B. A. Cottlow, M. D., Frank R. Waters, M. D.

Materia Medica—Frederick O. Pease, M. D., Secretary; William O. Cheeseman, M. D., A. W. Holcombe, M. D.

Ophthalmology, Otology, and Laryngology—E. T. Allen, M. D.

Obstetrics—Hiram F. Smiley, M. D., Hubert Straten, A. B., M. D.

Surgery—C. S. Fahnestock, M. D., Howard Crutcher, M. D., Registrar; Charles W. Eaton, M. D., Hubert Straten, M. D., John D. Robertson, D. D. S.

Sanitary Science—C. D. Fairbanks, M. D.

Anatomy—F. H. Lockwood, M. D., B. A. Cottlow, M. D., A. S. Pease, M. D., Earl C. Bacon, M. D., C. E. Sayre, M. D.

Physiology, Histology, and Pathology—C. B. Start, M. D., Helen M. Parker, M. D., Charles J. Watts, M. D., Grant J. Gray, M. D., Frank R. Waters, M. D.

Chemistry and Toxicology—J. B. S. King, A. M., M. D., Carl Fairbanks, M. D., P. J. Latz, Ph. D., Director of Laboratory.

Medical Jurisprudence—Milton O. Naraore, LL. B.

Three months ago Dunham Medical College existed only in the fancy of half a dozen earnest disciples of Hahnemann; to-day it has one of the finest medical college buildings in Chicago, practically completed, with its labora-

tories and lecture-rooms fully equipped for teaching the principles and practice of medicine in the most thorough and scientific manner. It has a large and enthusiastic faculty, capable of not only teaching, but demonstrating by practice the truth of the principles upon which this college has been established.

The dedication address, by Professor William O. Cheeseman, M. D., was admirably worded and enthusiastically received. He eulogized Hahnemann, showed the material helpfulness of the two great schools of medicine. To-day Homœopathy had twenty-one colleges in this country, with 2,000 students, fifty-eight hospitals, twenty medical journals, and 16,000 physicians. The mirage should become a pool, said the Scriptures, and it would prove true of this newest centre of Homœopathy.

Professor Howard Crutcher, the Registrar, made a number of announcements in a facetious vein. Some critic had written, objecting to the location of the new college, using the pronoun "we," which only sovereigns, editors, and tape-worms affected, and the speaker had not yet ceased wondering to which category belonged "this thing." (Laughter.) The Illinois State Board of Health had been notified that the college would be ready for inspection by next Monday, and the closer the inspection the better would the college be pleased. November 27th, in the amphitheatre, would be held exercises in memory of Drs. Wells and Dunham.

Professor C. S. Fahnestock, M. D., also made a very welcome address. The chaplain of the evening was Rev. W. F. Black, D. D., while the vocal selections were by Messrs. Henry Sheffield and L. Gaston Gottschalk, Marguerite Raymond and Mrs. Ada Markland Sheffield. Also Frank F. Winter and Miss May Hudson gave violin numbers. Miss Carrie R. Crane was accompanist. The artists were all honored by recalls.

Not less merry were the concluding festivities, rather all the more so, because laid in the coming dissecting-room.

HOW WE INTEND TO CHECK SUBSTITUTION OF DRUGS.—Owing to the fact that substitution of drugs is practiced to a great extent, we earnestly request our readers to assist us in reporting to us all cases in which they may have been the victims of this criminal offense, giving the name and address of imposters, also all particulars to substantiate their statement, such as sworn affidavit, etc.

We will expose in our pages the names of fraudulent dealers on receipt of satisfactory evidence.

All our readers will admit that a doctor who prescribes a certain remedy expects that his prescription shall be filled accordingly. A druggist has no right whatever to use his own judgment in the matter, otherwise he places the reputation of the physician as well as the life of his patient in jeopardy.

Feeling that all doctors, honest druggists, and manufacturers of legitimate preparations will be benefited by our action in this matter, we solicit their assistance.

The above notice must be considered as a warning to druggists who believe that they are at liberty to substitute drugs.

